| STATE | OF | MARYLAND-CERTIFICATE | OF | DEATH |
|-------|----|----------------------|----|-------|
| DEATH | | | | |

| 1. PLACE OF DEATH | 298 |
|--|--|
| county Garroll Go | Registration Dist. No. |
| | No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number) |
| Length of residence in city or town where death occurredmos | ds. How long In U.S. if of foreign birth?yrsmosds. |
| 2. FULL NAME Clayabeth Board | lindois |
| (a) Residence: No. (Usual place of abode) | St., Ward. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) | 21. DATE OF DEATH (Month) (Day) (Year) |
| 5a. If merried, widowed, or diverced HUSBAND ot (or) WIFE of | 1 HEREBY CERTIFY, That I attended deceased from |
| a distanting | 1931, to Jaw 22, 193) |
| 6. DATE OF BIRTH (month, dey, end year) Dec 4- 1858 | Vlast sew h_l_ ; death is said |
| 7. AGE Years Months Days If LESS than 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of importance |
| 8. Trade, profession, or particular | were as follows: Date of onset |
| o Hade, profession, or particular with the kind of work done, as SPINNER, House Wife SAWYER, BOOKKEEPER, etc. House Wife | Broncho- Freumonia 1-20-3 |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and | |
| 10. Date deceased last worked at this occupation (month and year) | |
| 12. BIRTHPLACE (city or town) Bainbridge Pa. (State or country) | Other Contributory Causes of Importance; |
| II 13. NAME Thomas Beane | |
| 13. NAME Thomas Deane 14. BIRTHPLACE (city or town) Unslinowne (State or country) | Name of operation Date of What test confirmed diagnosis limited full pas there en europsy? No |
| 15. MAIDEN NAME Unknown | 23. If death was due to external causes (VIOLENCE) fill In also the following: |
| 15. MAIDEN NAME Unknown 16. BIRTHPLACE (city or town) (State or country) | Accident, suicide, or homicide? |
| 17. INFORMANT W. W. B. anders | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. |
| 18. BURIAL CREMATION, OB REMOVAL Place of puntuan View Date Jan 254 , 187 | Manner of injury |
| 19. UNDERTAKER of Legendred & Wright (Address) Junion Bude my | 24. Was disease or Injury In any way related to occupation of deceased? No |
| 20. FILED Jan. 23, 1937 Lishman | (Signed) the I Thomas M. D. (Address) Alway and M. D. |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis 1027 | 1915 | Attock of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 doys ago |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gostroenteritis | 1 year |
| | | | |

FOR BINDING

ARGIN RESERVED

V. S. No. 1

| STATE OF MARYLAND- | -CERTIFICATE OF DEATH 299 |
|--|---|
| 1. PLACE OF DEATH | 8227 |
| County Larroll | Registration Dist. No. 70 |
| Village or City Janes town bud | No. St., Ward If death occurred in a hospital or institution, give its NAME instead of street and number) |
| | osds. How long in U. S. if of foreign birth?yrsmosds |
| 2. FULL NAME Mrs mary E angell | |
| (a) Residence: No. (Usual place of abode) | St., Ward. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE OR DIVORCED (purite the word) | 21. DATE OF DEATH ON SOIT 193 7 |
| 5a. If married, widowed, or divorted HUSBAND of (or) WIFE of Charles angell | I HEREBY CERTIFY, Thet I ettended deceased from 13.71, 19.37, to 2.0.47, 19.37 |
| 6. DATE OF BIRTH (month, day, end yeer) | I lest sew h 24 - elive on |
| 7. AGE Years Months Deys If LESS then 1 day, hrs. | The FRINCIPAL CAUSE OF DEATH and feleted causes of importance |
| 8. Trede, profession, or particuler kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Jindustry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date decessed last worked et lil. Total time (yeers) | Berebal Hemorhay Jan 1306 |
| 10. Date decessed last worked et this occupation (month and year) | Other Contributory Canses of importence: |
| | |
| 13. NAME WWW Souble 14. BIRTHPLACE (city or town) Md | Name of operation Oate of |
| (State of country) | What test confirmed diegnosis? Wes there en autopsy? |
| 15. MAIDEN NAME PROMY SECRET 16. BIRTHPLACE (city or town). (State or country) 17. INFORMANT Slorge R Sauble (Address) | 23. If deeth was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? |
| 18. BURIAL, CREMATION, OR REMOVAL BLETher Jon 22, 193 | Menner of injury |
| 19. UNDERTAKER CAddress) Janaston MC | 24. Wes disease or injury in any way related to occupation of deceased? 110 |
| 20. FILED JULY - 20, 1987 Mary B. M. Parista | (Signed) A B emer M. O |

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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| Example I | A. C. | Example II | |
|--|---|--|------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | |
| Arteriosclerosis 5. 1 | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

V. S. No. 1

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| WRITE PLATELY, WITH UNFADING INK—THIS IS A PERMANENT RECORD, Every Item of II | lation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should stated and should stated and should stated and should stated and stated and stated and stated and stated are stated as a stated and stated are stated as a stated | AUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCU | TON is very important. See instructions on back of certificate. |
| K | ion | SO | Z |
| > | at | 4 | IC |

| | 5 | MAIL | | ILAND- | CERTIF | | OF DEA | IH · | 31111 |
|------------|---|---|---------------------------|------------------------------------|----------------------|---------------------|---------------------------------|-------------------------------|---------------------|
| 1 | . PLACE OF DEA | TH | | and Tube | | | orium | | |
| | County Carro | 11 | | Colored | Branch | 23 | Registration D | ist. No. 74 | |
| | Village or City | | ton, Mar | (1) | If death occurred in | above) | tution, give its NAME | St., instead of street and | number) |
| 1 | Length of residence in o | city or town where | death occurred_Q | yrsOmo | sds. H | | of foreign birth? | CE none | 10sds. |
| 2 | . FULL NAME | | | | | W7 | | CE none | |
| | (a) Residence: No. | Bowers 1 | Lane, Car (Usual place | tonsvill | e, sBalt | imwaase C | O . , Md . If nonresident gi | ve city or town and | d State |
| | PERSONAL AT | | ICAL PARTI | CULARS | | | CERTIFICATE | OF DEATH | |
| 3. 8 | | or or race | | RIED, WIDOWED, O (write the word) | 21. DATE | of DEATH | n. 30 | (Day) | _, 193_ 7 (Yaar) |
| 5a. | if married, widowed, or div | orced | | | 20 | | | | |
| | (or) WIFE of | 111 | | | Jan. | 16 | Y CERTIFY | an. 30 | deceased from |
| 6 1 | DATE OF BIRTH (month, da | av and year) De | ec. 16. | 1879 | l last saw h | m alive on | Jan. 30 | 1957 | ; death Is said |
| _ | AGE Years | Months | Days | If LESS than | to have occurr | ed on the date sta | ted above, at 3:15 | 5 A.M. | - , douth 13 3014 |
| | 58 | 1 | 14 | 1 day,hrs. | | AL CAUSE OF DEA | ATH and related causes | | |
| Z | 8. Trade, profession, or p | particular | | 1 01 | were as rollow | vs. | | | Date of onset |
| 일 | | kind of work done, as SPINNER, Laborer SAWYER, BOOKKEEPER, etc. Laborer | | | | onary I | uberculos | sis | Dec.24 |
| JPA | 9. Industry or business i work was done, as SAW MILL, BANK, | in which SILK MILL, | Unknown | | | | | | 1936 |
| OCCUPATION | 10. Date deceased last we | orked at | 11. Total ti | me (years) | | | | | |
| 0 | this occupation (myear) | onth and NKNOWN | spar spar | nt in this | | | | | |
| 12 | BIRTHPLACE (city or town | Catons | ville | | Other Contrib | utery Causes of Im | portance: | | |
| 14. | (Stata or country) | Marylar | nd | | | | | | |
| ER | 13. NAME Will: | iam Baco | on | | | | | | |
| FATHER | 14. BIRTHPLACE (city or t | townBlumto | own | | Name of opera | ation | t ## | Data of | |
| | (State or country) | Maryla | and | | What test conf | firmed diagnosis?_ | | Was there an | autopsy NO |
| MOTHER | 15. MAIDEN NAME | Elizabet | th Murdo | ck | 23. If death was | s due to external c | auses (VIOL ENCE) fill | In also the followin | g: |
| 힐 | 16. BIRTHPLACE (city or t | town) Elli | cott Cit | y | Accident, suici | ida, or homicide? | Da | ate of injury | , 19 |
| - | (State or country) | V | | | Where did inju | ury occur? | (Specify city or to | own, county and Sta | (a) |
| 17. | (Address) Henr | | | • | Specify wheth | er injury occurred | in INDUSTRY, in HOM | E, or in PUBLIC PL | ACE. |
| 18. | BURIAL, CREMATION, OR | // | 2-4. 1 | 9 4/7 | Manner of inju | ury | | | |
| | riace/// | dury la | Juate S | , 19 <i>17</i> | Nature of inju | ry | | | |
| 19. | UNDERTAKER / L.G. | ue A | Villea | mo | - | e or injury in any | way related to occupat | ion of deceased? | |
| | (Address) 32 | 03 | scruore | My L | If so, specify | 120 | 2/11 | <i>1</i> | |
| 20. | FILED 1/30/37 | , 19 | any | /vee | (Signed) | (ddress) | Henryton. | Md. | |
| | | | Local | Registrar. | П (А | (antess) | at be I have y' - Kylylylylyly | | |

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|--|---------------|--|---------------|
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| Segmentatives and a segment of the s | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones . | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

V. S. No. 1

| N. BWRITE PL. ILY, WITH JNFADING INK THIS IS A PERMANENT RELACED. Every item of infor- | mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state | CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA- | TION is very important. See instructions on back of certificate. |
|--|--|--|--|
| Z | | 9 | |

| STATE OF MARYLAND— | CERTIFICATE OF DEATH | |
|--|--|--------------|
| 1. PLACE OF DEATH | · 001 | |
| County was | Registration Dist. No. 78 | |
| Village or City W | No | Vard |
| Length of residence in city or town where death occurred | death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmos | _ds. |
| 2. FULL NAME HErderica Johanna | Grain Bart | us. |
| (a) Residence: No. Loufiled lu | 2 st. Ward. | |
| (a) hesidence. No. | If nonresident give city or town and State | |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH | |
| 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) | (Month) (Oay) | r) |
| 5a. If married, widowed, or divorced HUSBANO of (or) WIFE of Robert Boock | 22. JUNEREBY CERTIFY, That listended Coccosed | from |
| 6. DATE OF BIRTH (month, day, and year) February 18, 1861 | Mast saw h. Es alive on January 4 1937 : death is | said |
| 7. AGE Years Months Oays If LESS than | to have occurred on the date stated above, at | |
| 76 11 15 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: | |
| 8. Trade, profession, or particular kind of work done, as SPINNER However SAWYER, BOOKKEEPER, etc. | Date of o | nset |
| SAWYER, BOOKKEEPER, etc. 9. Industry or business in which | toka R | |
| kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oate deceased last worked at this occupation (month and spent in this preparation (month and spent in this spe | Volor Jacus Sura - 1/1/3 | 3/ |
| 10. Oate deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation | | |
| 12. BIRTHPLACE (city or town) Starpover | Other Contributory Causes of importance: | |
| (State or country) Fer way | Im. Willal Regugitation ? | |
| 13. NAME Cloth Vaudenceast | Huntington Choren 192 | 8- |
| 13. NAME Colf Vaudrust 14. BIRTHPLACE (city or town) Hollord | Name of operation Oate of | |
| (State of country) | What test confirmed diagnosis? Was there an aulopsy? | |
| 15. MAIOEN NAME CUCCOLLA | 23. If death was due to external causes (VIOL ENCE) fill in also the following: | |
| 16. BIRTHPLACE (city or town) State or country) | Accident, suicide, or homicide? | |
| 17. INFORMANT Robert Booch (Address) Baltitutette led ROX | Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. | |
| 18. BURIAL, CREMATION OR REMOVAL COMETY Jan. 7, 1937 | Manner of injury | |
| 19. UNDERTAKER LETOY Stiffley, SMC- (Address) 25 EMENTE AND BOLLOWS | 24. Was disease or injury in any way related to occupation of deceased? | |
| 20. FILEO Jan. 6., 1937 E. M. Farrer Registrar. | (Signed) Churchy Fan. (Address) Wishwester, Hed | м. D. |
| If more blanks are meded address Seate Design in | A CLASS P. C. A. P. L. P. C. A. P. L. P. C. A. C. M. C. M. | _ |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of epilepsy 1915 1 week ago Chronic interstitial nephritis 1921 Run over bu street car 1 week ago Peritonitis Cerebral hemorrhage July 5,1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

AGE should be stated EXACTLY.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied.

TION is very important.

B.-WRITE PLAINLY, WITH

ż

See instructions on back of certificate.

PHYSICIANS should state

Exact statement of OCCUPA-

STATE OF MARYLAND-CERTIFICATE OF DEATH

| 1 | L PLACE O | F DEATH | | Maryla | | culosis Sanatorium | |
|------------|----------------------------|---|--------------------|---|-----------------------|--|--------------------|
| | County | Car | roll | | Color | ed Branch (23) Registration Dist. No. | 74 |
| | Village or | City | Hen | ryton, I | Maryland | Np. (above) st | Ward |
| | Langth of ras | sidenca in city o | | aath occurred O | (16 | death occurred in a hospital or institution, give its NAME instead of street and in LO_ds. How long in U.S. if of foreign birth? | number) |
| 1: | . FULL NA | ME W | illiam | Edward | Bride | If U. S. Veteran, specify WAR None | |
| | (a) Resider | nce: No. S | olley, | Anne A | rundel C | o. Isid. Ward. | |
| - | 55550 | | | (Usual place of | abode) | If nonresident give city or town and | State |
| 3 | SEX | | | CAL PARTIC | | MEDICAL CERTIFICATE OF DEATH | |
| 3. | Male | Colo: | | 5. SINGLE, MARR OR DIVORCED Widow | (write tha word) | 21. DATE OF DEATH January 18 (Month) (Day) | , 193 ⁷ |
| 5a. | HUSBAND of (or) WIFE of | wed, or divorced | Le | na Br | ide. | 22. I HEREBY CERTIFY, That I attended June 8, 1936 to January 18 | |
| 6. | DATE OF BIRTH | (month, day, an | d vear) D | ec., 4, | 1893 | | ; daath Is said |
| - | | ars | Months | Days | If LESS than | to have occurred on the data stated above, at 3.05 A. M. | , 44441113 3414 |
| | 4 | 43 | 1 | 14 | 1 day,hrs. ormin. | Tha PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: | Date of onset |
| NO | Trade, profe | ession, or partic | ular SPINNER, I | aborer | | Pulmonary Tuberculosis | |
| OCCUPATION | 9 Industry or | kind of work done, as SPINNER, Laborer SAWYER, BODKKEEPER, atc. Istry or business in which | | | | | Tuno |
| CUE | | s dona, as SILK LL, BANK, etc | | Unknown | | | 1954 |
| 00 | this occu | sed last worked upation (month a | at and in leno | 11. Total tim | in this ation Unknow | 30. | |
| Н | year) | | | | ation_CIIICI | Other Contributory Causes of importance: | |
| 12. | Stata or cou | | White Virgin | | | (a) (b) (a) (a) (a) (a) (a) | |
| 2 | 13. NAME | | | Bride | | | |
| FATHER | 14. BIRTHPLACI | | | | | Name of operation Date of | |
| F | | r country) | Virgin | ia | | What tast confirmed diagnosis? Was thera an a | utoneu2NO |
| OTHER | 15. MAIDEN NA | AME] | Louisa | Anderso | n | 23. If death was due to external causes (VIOL ENCE) fill in also the following | |
| 01 | 16. BIRTHPLACI | E (city or town) | White : | House | | Accidant, suicida, or homicide? Date of injury | |
| Σ | (Stata o | r country) \ | <i>l</i> irgin | ia | | Where did injury occur? | |
| 17. | INFORMANT (Address) | 77 | euben : | Hoffman n. Maryl | M. D. | (Specify city or towo, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA | ICE. |
| 18. | BURIAL, CREMA | TION, OF REMO | 111 | 0.0 | 0 1- | Manner of Injury | |
| _ | Place | yrisi | ulls | Data Jon | . 1 6, 19 37 | Nature of injury | |
| 19. | UNDERTAKER(Address) | Tues | yhere | ulle | Ind. | 24. Was disaase or injury in any way related to occupation of dacaased? | No |
| 20. | FILED Jan. | 18,193 | A QA | Loc Loc | Wess Bl Registrar. | (Signed) Cleeben Adman (Address) Henryton, Maryland | M. D. |
| | | | If more b | | | 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1. | |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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| Example I | li | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| Other contributory causes of importance: Gallstones | May 1,1923 | Other contributory causes of importance: Gastroenteritis | 1 year |
| | | | |

| ADDITIONAL SPACE FOR | FURTHER STATEMENT | S BY | PHYSICIAN |
|----------------------|-------------------|------|-----------|
|----------------------|-------------------|------|-----------|

-WRITE PLA

V. S. No. 1. N. B.

| 1. 1 | | F DEATH | TE C | | | CERTIFICATE OF DEATH | 303 |
|------------|---|--|------------|-----------------------------------|------------------------------------|--|------------------|
| | | ity Syk | | le f | rugfe 7 yrs 1 mos | Registration Dist. No. St., I death occurred in a horpital or institution, give its NAME instead of street and nu ds. How long in U.S. If of foreign birth? | War |
| 2. 1 | FULL NA | | | ightwel rick Ma (Usualplace | ryland | St, Ward. If U. S. Veteran, specify WAR Figure 1 | late |
| | PERSON | AL AND S | TATIST | ICAL PARTI | CULARS | MEDICAL CERTIFICATE OF DEATH | |
| 3. SEX | ale | White | | 5. SINGLE, MARI OR DIVORCED | RIED, WIDOWED, (write the word) | January 10. (Month) (Day) | 193_7_ (Yaar) |
| l H | married, widow IUSBAND of or) WIFE of | ed, or divorcad | / | unkno | un | 22. HEREBY CERTIFY, That I attended de December 19.59, to Jan. 10, | caased fr |
| 6. DAT | TE OF BIRTH | (month, day, and | VaarNov | . 8, 18 | 56. | I last saw h_im aliva on January 10, 1937; | |
| 7. AGE | Yaa 80 | rs | Months 2 | Deys | If LESS than 1 day,hrs. ormin, | to have occurred on the date stated above, et 12:19m. p. m. | |
| OCCUPATION | kind of v SAWYER, 9. Industry or work wa: SAW MIL 0. Date deceas this occu yaar) | ssion, or perticu work done, as SI, BOOKKEEPER, business In whit s done, as SILK L, BANK, etc ed last worked pation (month etc | PINNER, F. | 11. Total ti spen occu | ma (yaars) It in this pation | Chronic Myocarditis Other Cantribatory Causes of Importance: | ? |
| 1 | (State or coul | ntry) | | y-, Md. | *** | Generalized Arteriósclerosis | |
| FATH 14 | I. BIRTHPLACE | (city or town) | | erick Co | unty | Name of operation Date of What test confirmed diagnosis? Phys. Exam. Was there an au | opsy? |
| HOW | 5. BIRTHPLACE (Stale or | (city or town) | Frede | 1. Ander erick Co | • | 23. If death was due to axternal causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide? Where did Injury occur? | |
| | (Addrass) | Sykesv | ille, | Md. | spital R | Manner of Injury | DE. |
| 19. UN | IDERTAKER (Address) | Coma | d ff | unlial K | foul | 24. Wes disease or Injury In any way related to occupation of deceased? | |
| 20. FII | LED Jan | 1 . 13, 193 | 7 4 | starry | Registrar. | (Address) | - / - |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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|--|---------------|--|---------------|--|
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| Chronic interstitial nephrilis | 1921 | Run over by street car | 1 week ago | |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago | |
| BUDEAU V. S. | | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year | |
| | | | | |
| | | | | |

| ADDITIONAL | SPACE | FOR | FURTHER | STATEMENTS | BY | PHYSICIAN |
|------------|-------|-----|---------|------------|----|-----------|
| | | | | | | |

V. S. No. 1

| 1. PLACE OF DEA | | | YLAND— | 93-0 | 74 | 1114 |
|--|----------------------|------------------|---------------------------------------|---|--|---------------|
| county | | 9 9 | | Registration Di | st. No. | |
| Village or City | | | 10 _{vrs} 2 mos | No | nstead of street and num | nhavi |
| 2. FULL NAME | | | | If U. S. Veteran, specify WAR | | |
| (a) Residence: No. | | | yland. | St., Ward. | W. A. W. ve city or town and Sta | ate |
| PERSONAL A | ID STATIST | ICAL PART | ICULARS | MEDICAL CERTIFICATE | OF DEATH | |
| | or or race | | RIED, WIDOWED, D (write the word) | 21. DATE OF DEATH January 2, 1937 (Month) | (Oay) | 93 |
| 5a. If married, widowed, or div HUSBAND of | orced | | | 22. I HEREBY CERTIFY | That 1 attended dec | resent from |
| (or) WIFE of | | | | November 20 ,19 36, to Jan | | |
| 6. DATE OF BIRTH (month, da | y, and year) | War. 2 | 3 1870 | last saw h.im. alive on January ? | | |
| 7. AGE Years 66 | Months 1 | 0ays | If LESS than 1 day,hrs. ormin. | to have occurred on the date stated above, a 6: | of Importance | |
| 8. Trade, profession, or p | particular | | | | 0 | Date of onset |
| kind of work dona SAWYER, BOOKKE | | lagorer | | Church | 1-1 | 2 |
| kind of work dona SAWYER, BOOKKE 9. Industry or business I work was done, as SAW MILL, BANK, 10. Oata decaasad last w | SILK MILL, | | | Jujuna | des | 7 |
| 10. Oata decaasad last wo this occupation (myear) | orked at onth and | 11. Total i | time (years) nt in this upation | | ,- | |
| 12. BIRTHPLACE (city or town (Stata or country) | G G | ermany | | Other Contributory Causes of Importance: | | |
| 13. NAME Augu | st Coli | tz | | Della - Si | lum | 7 |
| 13. NAME AUGU 14. BIRTHPLACE (city or to (State or country) | own)Ge: | rmany | | Name of operation | Date of | nnew? M |
| 15. MAIDEN NAME W1 | lhelmin | a Trobis | sh | 23. If death was dua to external causes (VIOL ENCE) fill I | n also the following: | 145) |
| 15. MAIDEN NAME William 16. BIRTHPLACE (city or to (Stata or country)) | | any | | Accidant, suicida, or homicide? Da | | , 19 |
| 17. INFORMANT Sprin (Address), S | gfield vkesvil | State Hole, Mary | spital r | (Specify city or to | own, county and State) E, or in PUBLIC PLACE | E. |
| 18. BURIAL, CREMATION, OR | REMOVAL C | Date Je | w. 4,19 3 | Manner of injury | | |
| 19. UNOERTAKER (Address) | er vo | - Ind | - , / | 24. Was disease or injury in any way related to occupate if so, specify | on of deceased? | |
| 20. FILEO Jan. 2 | 19137 | Harry | Heee Registrar | (Signed) M M M | Afrin 11 | M. D |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| Other contributory causes of importance: Gallstones | May 1,1923 | Other contributory causes of importance: Gastroenteritis | 1 year |
| | | | |

| ADDITIONAL SPACE FOR | FURTHER STATEMENTS | BY PHYSICIAN |
|----------------------|--------------------|--------------|
|----------------------|--------------------|--------------|

V. S. No. 1

TION is very important. See instructions on back of certificate.

| CTATE | OF | MADVI | AND- | CEPTIE | CATE | OF | DEATH |
|-------|----|-------|------|--------|-------|----|-------|
| SIAIE | UF | MARYL | ANU- | CERIII | ICAIL | UF | DEATH |

305

| 1. PLACE | OF DEAT | ГН | | | (80.50) | |
|--|---|--------------------------|--------------------------|--------------------|--|---------------------------------|
| County_ | County Carroll | | | | Registratio | on Dist. No. 74 |
| Village | or City | Sykesvil | le. | | NoNo | St.,War |
| Length of | f residence in cit | ty or town where | death occurred | | death occurred in a hospital or institution, give its NA! How long in U.S. if of foreign birth? | |
| 2. FULL | NAME | Rich | ard Herbe | rt Devries | | |
| (a) Resi | idence: No | Sy | kesville. (Usualplace | Maryland. | St., Ward. | ent give city or town and State |
| PERS | ONAL AN | D STATIST | TICAL PART | ICULARS | MEDICAL CERTIFICAT | E OF DEATH |
| 3. SEX | 4. COLO | R OR RACE | | RRIED, WIDOWED, | 21. DATE OF DEATH | |
| Male | Whi | ite | Marrie | D (write the word) | January (Month) | 10 , 193 7 (Year) |
| 5a. If married, w | idowed, or divo | | | | , | |
| HUSBAND (or) WIFE | | ad S. I | eVries | | June ,1935 ,to | |
| 6. DATE OF BIR | RTH (month, day | , and year) J_1 | ne 1 18 | 75 | I last saw him alive on January | |
| 7. AGE | Years | Months | Days | If LESS than | to have occurred on the date stated above, at 2. | |
| 59 | 9 | 7 | 9 | 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH and related ca were as follows: | ouses of importance |
| Z 8. Trade, p | 8 Trade profession or particular | | | | · · · · · · · · · · · · · · · · · · · | |
| SAW | | as SPINNER, PER, etc. | armer | | Cerebral hemorrh | age 1.10. |
| SAW 9. Industry work SAW 10. Date de | or business in k was done, as S / MILL, BANK, e | which SILK MILL, | Retired | | | |
| SAW SAW | / MILL, BANK, e ceased last wor | | | time (years) | | |
| | occupation (mor | nth and | sn3 | ent in this Life | 4.7 | |
| | | | | | Other Contributory Causes of importance: | *** |
| | E (city or town). | | 011 Co. | | hypertension | 1933 |
| 1 | | Md | | | | |
| 13. NAME | | O.DeVr | | | | |
| 14. BIRTHP | | wn) Md. | | | | |
| _ (Sta | te or country) | | | | What test confirmed diagnosis? | Was there an autopsy? X |
| 15. MAIDEN | NAME EX | nily Wa | dlow | | 23. If death was due to external causes (VIOL ENCE) |) fill in also the following: |
| 5 16. BIRTHP | | wn) | | | Accident, suicide, or homicide? | Date of Injury, 19 |
| ≥ (Sta | te or country) | | id. | | Where did injury occur? (Specify city | or town, county and State) |
| 17. INFORMANT (Address | Mrs.G | eo.W.Ba | ınks Md. | | Specify whether injury occurred in INDUSTRY, in | HOME, or in PUBLIC PLACE. |
| (Address) Sykesville, Md. 18. BURIAL, CREMATION, OR REMOVAL | | | | Complete Complete | Manner of injury | |
| Freed | om Ceme | etery | Dat Jan. | 13,137. | Nature of Injury | |
| 19. UNDERTAKE | · 2/181 | 11 -8 | ou due | , , | 24. Was disease or injury in any way related to occ | cupation of deceased? no |
| (Addiess | s) Buch | asvill | e mo | L, | If so, specify / DM / A + + A | |
| 1 | su 91 | 300 | 1/ | Here | (Signed) Att. Law | anp. |
| 20. FILED | | 1912/ | 7.9 | Registrar. | (Address) Sykesville | , Md. |

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | | Example II | | | |
|--|---------------|--|---------------------------|--|--|
| The principal cause of death and related causes of importance were as follows: Arteriosclerosis | Date of onset | The principal cause of death and related causes of importance were as follows: Attack of epilepsy | Date of onset 1 week ago | | |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago | | |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago | | |
| BUREAU V. S | 14 | | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | | | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year | | |
| | | | | | |
| | | | | | |

BINDING

RESERVED

RGIN

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| ALIMEAU V. S. | | | | |
| Other contributory causes of Importance: | | Other contributory causes of importance: | | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year | |
| | | | | |
| | | | | |

30%

| 1. PLACE OF DEATH | 93-2 | |
|--|--|----------------|
| County Carell | Registration Dist. No. 7 | 4 |
| Village or City Floluville | NoSt.,St.,St. | number) |
| Length of residence in city or town where deeth occurred 20 yrsm | osds. How long in U.S. if of foreign birth?yrsm | osds. |
| (a) Residence: No. He durille Md. | If U. S. Veteran, specify WAR | |
| (Usual place of abode) | If nonresident give city or town and | State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH | |
| 3. SEX 4. COLOR OR RACE OR DIVORCED (white the word) | 21. DATE OF DEATH (Month) (Day) | ., 193](Yeer) |
| 5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of 1876 6. DATE OF BIRTH (month, day, end yeer) 7. AGE Years Months Days If LESS than 1 day, hrs. or min. 8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date dacasad last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) | to have occurred on the date state above, at 12-15 Pm. | |
| (State or country) | Name of operation Date of What test confirmed diegnosis? Name Was there en | |
| 15. MAIOEN NAME Mary & Browning 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Addrass) | 23. If death was due to external causes (VIOLENCE) fill in also the following Accident, suicide, or homicide? Date of Injury | , 19 |
| 18. BURIAL, CREMATION, OR REMOVAL PHOLOGORY Date Date 19. 3. | Manner of Injury | |
| 19. UNDERTAKER Well work hue, | 24. Was disease or injury in any way related to occupation of deceased? | |

-WRITE PLA

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | | Example II | |
|---|---------------|--|---------------------------|
| The principal cause of death and related causes of importance were as follows: CEIVED Arteriosclerosis | Tate of onset | The principal cause of death and related causes of importance were as follows: Attack of epilepsy | Date of onset 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5, 1927 | Peritonitis | 3 days ago |
| BUREAU V. S. | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | 1 | | |

OCCUPA-

| 1 | PLACE OF DEA | ТН | | | 107:201 | | |
|---|--|--------------------------|------------------------------|----------------------------------|--|----------|--|
| | County CA | RROLL | | | Registration Dist. No. 74 | | |
| | Village or CitySpr | ingfiel | d State | Hospita] | STEACTE I A MA | d | |
| | Langth of residance in ci | ity or town where | death occurred. | (1) 8 yrs 10 mos | f death occurred in a horpital or institution, give its NAME instead of street and number) 10 ds. How long in U.S. if of foreign birth? | s. | |
| 12 | . FULL NAME | ANNIE | ELLIOTT | | If U. S. Veteran, specify WAR | | |
| 1 | (a) Residence: No. | | | | St, Ward. Frederick County, Md. | | |
| - | (4) 11031201100: 1103 | | (Usual place | of shode) | If nonresident give city or town and State | | |
| | PERSONAL AN | ID STATIST | ICAL PARTI | CULARS | MEDICAL CERTIFICATE OF DEATH | | |
| | | n or race hite | 5. SINGLE, MAR OR DIVORCE | RfED, WfDOWED, (write the word) | 21. DATE OF DEATH January 29, 193 (Month) (Oay) (Year) | | |
| 5a. | If married, widowed, or divo | orcad | | | | | |
| | HUSBANO of (or) WIFE of | | | | 22. I HEREBY CERTIFY, That I ettended deceased fro | m | |
| | | | 7.000 | | December 15, 36, January 29, 19 37 | | |
| - | DATE OF BIRTH (month, day | 1 | 1862 | 1 | I last saw her alive on January 29 ,19 37; death is sa | id | |
| 7. / | AGE Years | Months | Days | If LESS than | to have occurred on the date stated above, at 11:354. M. | | |
| | 75 ? | | | ormin. | Tha PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: | <u>.</u> | |
| NO | 8. Trada, profession, or pa kind of work done, SAWYER, BOOKKEE | articular as SPINNER, | Mono | | Acute Broncho-Pneumonia 1-26-3 | | |
| OCCUPATION | SAWYER, BOOKKEE 9. Industry or business to | | None | | | | |
| UPA | work was done, as S SAW MILL, BANK, a | SILK MILL. | | | | | |
| 00 | 10. Date deceasad last wor | rkad at | | me (yaars) | | e 44 | |
| 0 | this occupation (mo | | sper | ntin this pation | | | |
| | MADELINE A CIT (-14 A | Frede | rick Co | untv | Other Contributory Causes of Importance: | | |
| 12. | BfRTHPLACE (city or town) (State or country) | | aryland | | | | |
| R | 13. NAME Will | iam Ell | | | | | |
| FATHER | | TInl | nown | | | | |
| FA | 14. BIRTHPLACE (city or to (Stata or country) | own)Oii | CHOWII. | | Name of operation Date of Date of What test confirmed diagnosis? Date of What test confirmed diagnosis? | | |
| 2 | 15. MAIDEN NAME | Susa | n Himes | | | | |
| MOTHER | | TT- | known | | 23. If death was due to external causes (VIOLENCE) fill in also the following: | | |
| M | 16. BIRTHPLACE (city or to (State or country) | own)Q1 | IVIIOMII | | Accidant, suicida, or homicida? | | |
| | | eriola v | Icenitel | mananda | Where did injury occur?(Specify city or town, county and State) | | |
| 17. INFORMANT Springfield Hospital records (Address), Sykesville, Md. | | | Md. | records | Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. | | |
| (Address), Sykesville, Ma. | | | , mus | 7 | Manage of In-Land | | |
| Jungaleld Hospe. Curse Date Veb. 2 1937 | | | V Date Veb | . 2 1937 | Manner of Injury | | |
| /_ | 5/, | | 2 | | Nature of Injury | | |
| 19. | UNOERTAKER (Addrass) | W YU | 110, 511 | 4 | 2 11 11 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | | |
| | (Addrass) | | X/a | V. | If so, specify Yourry F. Baer. | | |
| 20. FILEO. FLED 1, 1937 CHANG WILL | | | racy, | Registrar | (Signad) rouny J. Baer, M. | D. | |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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| Example I | 100 | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis F F F I V F D | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage FFB 4 1987 | July 5,1927 | Peritonitis | 3 days ago |
| RUREAU V. S. | | | |
| Other contributory causes of importance | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | 1 |

| STATE | OF | MARYL | AND- | -CERT | IFICA | TE | OF | DEATH |
|-------|----|-------|------|-------|-------|----|----|-------|
|-------|----|-------|------|-------|-------|----|----|-------|

| 9 | 1 | 1 | 6 | 1 |
|----|---|---|---|---|
| 1) | 1 | J | 4 | ž |

| 1. PLACE OF DEATH | 9400 |
|--|--|
| County Carrell - | Registration Dist. No. |
| Village or City Unuan Buckey | No. St., Wa |
| | If death occurred in a hospital or institution, give its NAME instead of street and number) osds. How long in U.S. if of foreign birth?yrsmos |
| 2. FULL NAMEDMY. Harry C. Jawle | |
| (a) Residence: No. (Usual place of abode) | St., Ward. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (rewise the word) WARVELE | 21. DATE OF DEATH (Month) (Day) (Part) |
| HUSBAND of Manetta G. Towler | 22. I HEREBY CERTIFY, That I attended deceased fr |
| DATE OF BIRTH (month, day, and year) March 7, 1874 | |
| AGE Years Months Days If LESS than 1 day,hrs. | to have occurred on the date stated above, at |
| 8 Trade profession or particular | Date of one |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and | Cugua Jectons 6 hr |
| 10. Date deceased last worked at this occupation (month and year) | |
| 2. BIRTHPLACE (city or town) (State operatory) | Other Contributory Causes of importance: |
| | |
| 13. NAME THE YOUR YOUR THE STREET | Name of operation Dete of |
| (State of country) | What test confirmed diagnosis? Was there an autopsy? |
| 15. MAIDEN NAME (manda) (1844) 16. BIRTHPLACE (city or town) (State or country) | 23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide? |
| 7. INFORMANT MA Havry G. Forrille (Address) | Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. |
| OBURIAL, CREMATION, OR REMOVAL Whate Jan, 12, 1937 | Manner of injury |
| 9. UNDERTAKER CASTURAL SON (Address) Somewhere, Mar | 24. Was disease or injury in any way related to occupation of deceased? |
| 20. FILED MAN 11, 1937 Case 2 Register. | (Signed) . N. degg M (Address) Magy But |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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| Example I | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arleriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5, 1927 | Peritonitis | 3 days ago |
| FEB 2 Pos | 1.4 | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

V. S. No. 1

| STATE OF MARYLAND— | CERTIFICATE OF DEATH 310 |
|--|---|
| 1. PLACE OF DEATH | |
| County Carroll | Registration Dist. No. 71 |
| Village or City Juigelburg | NoSt.,Ward death occurred in a horpital or institution, give its NAME instead of street and number) |
| | ds. How long in U.S. if of foreign birth?yrsmosds. |
| 2. FULL NAME SILLE W. Sillers | Cassac. |
| (a) Residence: No. / Leyman 16. D. | St., Ward. |
| (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS | If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR Divorced (write the word) | 21. DATE OF DEATH |
| | (Month) (Day) (Year) |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIEF-of Mara Silbert | 22. 1 HEREBY CERTIFY, That I attended deceased from about april 1 1934 to Que 17 1937 |
| 6. DATE OF BIRTH (month, day, and year) 18, 1879 | I last saw harmen elive on Jan 16 1927; deeth is said |
| 7. AGE Years Months Days If LESS than | to have occurred on the date stated above, at 8. Qm. |
| 57 5 29 1day,hrs. | The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows: |
| 8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. | Pyels-replietes (clumic) 100 |
| 9. Industry or business in which | Trimony Abuses hands tormined a College alle |
| work was done, as SILK MILL, SAW MILL, BANK, etc. | grand studied on two hashitals; but agens |
| - [Spont in this | - the presonage cause was not founds |
| year) occupation | Other Contributory Causes of Importance; |
| 12. BIRTHPLACE (city or town) | |
| E 13. NAME COURT (1). Sulfert | ····· |
| 14. BIRTHPLACE (city or town) | Name of operation Tune |
| (State of equality) | What test confirmed diagnosis! Was there an autopsy2 |
| 16. BIRTHPLACE (city or town) | 23. If death was due to external causes (VIOL ENCE) fill in also the following: |
| 16. BIRTHPLACE (city or town) | Accident, suicide, or homicide? |
| (State or country) | Where did injury occur? (Specify city or town, county and State) |
| 17. INFORMANT //// Address) A Strumpt 19. Mil P. D. | Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| 18. BURYAL, CREMATION, OR REMOVALA | Menner of injury |
| Merce Jan Ummulum Date Jan 19, 19 3 7 | Nature of injury |
| 19. UNDERTAKER US Suas, Y Sou (Address) Dan Ly town We | 24. Was disease or injury in any way related to occupetion of deceased? |
| 20. FILED Jan 19, 1937 Margaret R. Englar | (Signed) C. L. Bellengales M. D. (Address) Westernhalls, Jund. |
| | 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1. |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| FEB 6 183 | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

| ate | STATE OF MARYLAND | CERTIFICATE OF DEATH |
|--|--|--|
| st: UP | 1. PLACE OF DEATH | (83) |
| of CC CC | County Carroll | Registration Dist. No. 74 |
| item of should of OCC | Village or City Sykeswelle | death occurred in a horpital or institution, give its NAME instand of street and number) |
| NS NS | Length of residence In city or town where death occurredyrsmod | ds. How long in U.S. it of foraign birth?mosds. |
| TD. Every YSICIANS statement | (a) Residence No.: Unite, - Bultumore (Usual place of abode) | St., Ward. If nonresident give city or town and State |
| PH ict | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| VT REC L Y. PH . Exact | 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) | 21. DATE OF DEATH (Month) (Day) (Wear) |
| MANEN A C T I assified. | 5a. It married, widowed, or divorced HUSBAND ot (or) WIFE of | 22. O I HEREBY CERTIFY, That I attended deceased from |
| EX A | 6. DATE OF BIRTH (month, day, and year) Jun 23 188/ | I last saw har affive on and a control of the said |
| | 7. AGE Yaars Months Days It LESS than | to have occurred on the date stated above, atm. |
| IS A P stated properly certifica | 56 7 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: |
| he st be properties | 8. Trade, protession, or particular kind of work done, as SPINNER, Pake Little | Coronary Kromboes find |
| VK—TH should it may n back | kind ot work done, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc. 10. Data decasged last worked at this occupation (month and | <i></i> |
| 1 m + 0 | 10. Data deceased last worked at this occupation (month and year) year) 11. Total time (years) spent in this 30 year | |
| NFADING pplied. AGl erms, so tha instructions | 12. BIRTHPLACE (city or town) MMK (State or country) MANALONA | Dther Contributory Causes of importance 20 Early 1931 |
| NFA plied rms, nstr | 13. NAME David Green | |
| sup in to | 14. BIRTHPLACE (city or town). Many Country Many Country | Name of operation 2000 Date of Date of What test confirmed diagnosis? |
| WITH efully in pla | 15. MAIDEN NAME Sarburas Placher 16. BIRTHPLACE (city or town). | 23. It death was due to external causes (VIOLENCE) fill In also tha following: |
| LY, WI be careful EATH in primportant. | State or country may land | Accident, suicida, or homicida?, 19, Where dld injury occur?, |
| | 17. INFORMANT Auspetal Records (Address) Sunafula State No. | (Specify city or town, county and State) Specity whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| F-3 10 | 18 BURIAL, CREMATION, OR REMOVAL Comments | Manner of Injury |
| | DePer (faiff Garrolf Date Tell 2, 1937 | Nature of injury |
| Mation CAUS TION | 19. UNDERTAKER O homology of the Company of the Com | 24. Wes disease or injury In any way related to occupation of deceased? |
| z X | 20, FILED Jaw. 31, 1937 A Warry Heer Registrar. | (Signed) M. Virginice Beyer M. C. (Address) Sykerulla M. C. |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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| Chronic interstitial he | phritis | 1921 | Run over by street car | 1 week ago |
| erebral hemorrhage | | July 5,1927 | Peritonitis | 3 days ago |
| - 1 | in with V. S. | | | |
| Other contributory | causes of importance: | | Other contributory causes of importance: | |
| Gallstones | | May 1,1923 | Gastroenteritis | 1 year |
| | | | | |
| | | | | |

| 1 | PLACE OF DEAT | TH | | | | (3) | |
|---|--|--------------------------------------|-------------|-------|--|---|--------------------|
| | County | | rroll | | | Registration Dist. No/ | 2 |
| | Village or City | Westm | inste | er | | No. County Home St., f death occurred in a hospital or institution, give its NAME instead of street and | Wa |
| | Length of residence in cit | ty or town where | death occur | red 2 | yrs 6 mo | ds. How long in U.S. if of foreign birth? | nos |
| 2 | FULL NAME | Th | omas | Han | nan | 6-24-1934 | _ |
| | (a) Residence: No | Coun | | | Manche | stest, Ward. | |
| | PERSONAL AN | DETATION | - | - | of abode) | If nonresident give city or town and | d State |
| 3. S | | R OR RACE | | | RIED, WIDOWED. | 21. DATE OF DEATH | |
| | | white | OR D | | (write the word) | January 6. (Bey) | ., 1937. (Year) |
| 5a. | If married, widowed, or divo HUSBAND of (or) WIFE of | rced | | | | 22. I HEREBY CERTIFY, That I attended | deceased f |
| 6. I | DATE OF BIRTH (month, day | , and year) | not | kno | nwn | I lest saw h alive on | . Z; death is |
| | AGE Years About 78 | Months | D | ays | If LESS than 1 day,hrs. ormin, | to have occurred on the dete stated ebove, etm. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: | 1 |
| | 8. Trede, profession, or pa kind of work done, SAWYER, BDDKKEE | articular as SPINNER, PER, etc | nor | 10 | | Changie Interestitial | Data of or |
| OCCUPATION | 9. Industry or business in work was done, as S SAW MILL, BANK, e | ILK MILL. | | | | | The |
| 5 | 10. Date deceesed last wor this occupation (more year) | ked et nth and | 11 | sper | me (years) It in this pation | | |
| 12. | BIRTHPLACE (city or town) (State or country) | Irel | and | | | Other Coutributory Causes of Importance: | 39 |
| ER | 13. NAME | | knowr | 2 | | | |
| FAIHI | 14. BIRTHPLACE (city or to (State or country) | | knowr | า | | Name of operetion Date of Was there an | autanau? |
| 7 | 15. MAIDEN NAME | | | | | 23. If death was due to external causes (VIOL ENCE) fill in also the following | - |
| 15. MAIDEN NAME not known 16. BIRTHPLACE (city or town) (State or country) not known | | | | | Accident, suicide, or homicide? Date of Injury Where did injury occur? | 100 | |
| 17. | INFORMANTCOUI | nty Hom Westmin | | | | (Specify city or town, county and Ste Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PI | ile) LACE. |
| 18. | BURIAL, CREMATION, OR R | EMDVAL | | | 8, ,19 31 | Manner of injury | |
| 19. | | J. Fran Vestmin | | | | 24. Was disease or injury in eny way related to occupation of deceased? | 210 |
| 00 | FILED //) | 374 | illo | 2 | Donal | (Signed) | |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

| Example I | | Example II | | |
|--|---------------|--|---------------|--|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset | |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago | |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago | |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago | |
| Other contributory causes of importance: | | Other contributeur course of important | | |
| Gallstones Gallstones | May 1,1923 | Other contributory causes of importance: Gastroenteritis | 1 year | |
| Outstance 1 | May1,1925 | Gustroenierus | I year | |

| ADDITIONAL SPACE FOR FURTHER STAT | TEMENTS BY PHY | SICIAN |
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|-----------------------------------|----------------|--------|

should state

PHYSICIANS Exact statement

stated EXACTLY. properly classified.

AGE should be

mation should be carefully supplied.

N. B.—WRITE PL

V. S. No. 1

certificate.

TION is very important. See instructions on back of CAUSE OF DEATH in plain terms, so that it may

of OCCUPA-

RD. Every item of infor-

| STATE OF MARYLAND— | CERTIFICATE OF DEATH |
|---|---|
| 1. PLACE OF DEATH | - Peta |
| County Olevol | Registration Dist. No. 75 |
| Village Millar Manaleestes | No. St., Ward |
| | death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. it of foreign birth?yrsmosds. |
| Length of residence in city or town where death occurred | ds. How long in U.S. iI of foreign birth?yrsmosds. |
| 2. FULL NAME Jarvara U. | alpl |
| (a) Residence: No. (Usual place of abode) | St., Ward. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIOOWED, OR DIVORCED (1971e the word) | 21. DATE OF DEATH au 18 (Month) (Day) 1937 |
| 5a. If morried, widowed, or divorced HUSDAND 01 (or) WIFE of Jacob Hale | 22. I HEREBY CERTIFY, That I attended deceased from |
| 6 DATE OF RIPTH (Month day and year) July 1-1846 | 0 - / 244 |
| 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than | to have occurred on the date stated above, at 1, 30. 2m. |
| a) (27 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of importance |
| 8 Trade profession or particular | were as follows: Date of onset |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. | year |
| kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oate deceased last worked at the recent of the precention (month) and | |
| 10. Oate deceased last worked at this occupation (month and year) | |
| 12, BIRTHPLACE (city or town) | Other Contributory Causes of importance: Sheek Am a Kell on 9au. 24 |
| (State or country) Many lead | 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1 |
| 13. NAME Charles Smith | |
| 13. NAME Charles Sunt | Name ol operation Date ol |
| (State or country) | What test confirmed diagnosis? Cleaned Was there an autopsy? |
| 15. MAIOEN NAME William | 23. If death was due to external causes (VIOLENCE) fill in also the following: |
| 16. BIRTHPLACE (city or town) | Accident, suicide, or homicide?Oate of Injury, 19 |
| 17. INFORMANT Walter Swifty | Specify whether injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE. |
| 18, BUBLAL, CREMATION, OR REMOVAL | M |
| Assocky Hell Clingero Jan 30,037 | Manner ol Injury |
| Trudenet Co | 24. Was disease or injury in any way related to occupation of deceased? |
| 19 UNOERTAKER Thursday Grand Ned | It so, specify |
| 1 200 2100 /200 200 | (Signed) C. L. Bullingelen M. D. |
| 20. FILEO JULY: LO , 1937 M. To. Tr. J. Lenner Registrar. | (Address) Westerlinette, Jud. |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

| Example I | | | Example II | |
|--|---------------|--|---|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of importance were | of death and related rauses as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | A 5134 | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 10015 | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | I want you go is | 3 days ago |
| | | | Q 3 A 1 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 | - |
| Other contributory causes of importance: | | Other contributory | causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | | 1 year |
| | | | | |
| | | | | |

| ADDITIONAL SPACE FOR FURTHER STATEMENTS E | BY | Y PHYSICIAN | j |
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ARGIN RESERVED FOR BINDING

V. S. No. 1

| STATE OF MARYLAND—CERTIFICATE OF DEA | STATE | OF | MARYLAND- | -CERTIFICA | TE | OF | DEAT | ΓH |
|--------------------------------------|-------|----|-----------|------------|----|----|------|----|
|--------------------------------------|-------|----|-----------|------------|----|----|------|----|

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| (1) | -1 | - A |

| 1. PLACE OF DEATH County Carroll | | | Registration Dist, No. | | |
|--|-------------------------|--|--|--|--|
| Village or CityPleasan | t Valley | | No. St. Ward | | |
| Length of residence in city or town | where death occurred | | f death occurred in a horpital or institution, give its NAME instead of street and number) sds. How long in U.S. it of foreign birth?yrsmosds. | | |
| 2. FULL NAME Willia | | | 100 g iii 000 iii 000 iii 000 iii 000 ii 000 | | |
| (a) Residence: No. | | 9 | St. Ward. | | |
| (a) nesidence. No. | | ace of abode) | If nouresident give city or town and State | | |
| PERSONAL AND STA | TISTICAL PAR | TICULARS | MEDICAL CERTIFICATE OF DEATH | | |
| 3. SEX 4. COLOR OR RAC | OR DIVOR | ARRIED, WIDOWED, ICED (write the word) | 21. DATE OF DEATH (Month) (Day) (Year) | | |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE ot | | | 22. 1 HEREBY CERTIFY, That t attended deceased from | | |
| 6. DATE OF BIRTH (month, day, and year) Mar. 21.1669 | | | 1 last saw h Luy alive on 1 - 2 5 - , 19 3.7 ; death is said | | |
| 7. AGE Years Mon | | It LESS than | to have occurred on the date stated above, at 330 P. m. | | |
| 67 1 | 0 4 | l day,hrs. | more as tallows: | | |
| 8. Trade, profession, or particular | R Warner | | A cuto Cudiae Deletation 1-25-3 | | |
| kind ot work done, as SPINNE SAWYER, BOOKKEEPER, etc. | - rarmer | | Chromo supocaditi 1936 | | |
| 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc | | | Chronic Intentities Maplinte ? | | |
| kind of work done, as SPINNE SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and year) | 11. Tot | al time (years) spant in this occupation | | | |
| 12. BIRTHPLACE (city or town) (State or country) | | | Other Coutributory Causes of Importance: | | |
| I 13. NAME Joseph Hel | wig | | | | |
| 13. NAME Joseph Hely 14. BIRTHPLACE (city or town) (State or country) | 36.3 | | Name of operation Date of What test confirmed diagnosis 22. XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | | |
| 15. MAIDEN NAMEKatheri | ne Zepp | | 23. If death was due to external causes (VIOLENCE) fill in also the following: | | |
| 15. MAIDEN NAME Katherine Zepp 16. BIRTHPLACE (city or town) (State or country) | | | Accident, suicide, or homicide? | | |
| 17. INFORMANT WES Theodo. (Address) Westmil | re Myers | R.D. | (Specify city or town, county and State) Specity whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. | | |
| 18. BURIAL, CREMATION, OR REMOVAL Bleasant Valley | | | Manner of injury Nature ot injury | | |
| 19. UNDERTAKER C. O. FUSS T | SON aneytown. | Md. | 24. Was disease or injury in any way related to occupation of deceased? | | |
| 20. FILED Jan. 28th; 1937 (| aling | Registrar. | (Signed) Clifferd flm Tayley M. D. (Address) Westwister & M. D. | | |
| I. | f more blanks are neede | d, address State Registrar, | 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1. | | |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | | Example II | |
|--|---------------|--|---------------------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: Attack of epilepsy | Date of onset 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| BURPAU V. S. | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

should state

PHYSICIANS

Exact statement of OCCUPA.

properly classified.

pe

CAUSE OF DEATH in plain terms, so that it may

mation should be carefully supplied.

-WRITE PL

V. S. No. 1

stated

AGE should be

D. Every item of infor-

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| 5 | I | -0 |) |

| Village or City John John John John John John John John | 1. PLACE OF | DEATH | | | 12401 | | |
|--|---|---------------------------------------|----------------|----------------------------|---------------------------------------|------------------------------------|-----------------------|
| Length of residence in city or fown where each occurred. Length of residence in city or fown where each occurred. J. FULL NAME (a) Residence: No. ** **Color or RACE*** (b) A Residence: No. **Color or RACE*** (a) Residence: No. **Color or RACE*** (b) BYORCE (Submitted world) 5. If morrisdes give city or town and State PERSONAL AND STATISTICAL PARTICULARS 3. SSX 4. COLOR OR RACE 5. SINCLE MARRIED, WIDOWED, OR DYNGRED (comprise word) 5. If married, widowed, or diversed in the city of the color of t | County_C | urroll | | | 1 1 0 | Registration Dist. No | 74 |
| Length of residance in city or town where deeth occurred. 2. FULL NAME (a) Residence: No. **Color of RACE** (b) Residence: No. **Color of RACE** (c) SINGLE, MARIELO WINDOWED, Or (c) WIFE of Color o | Village or Ci | ity Doune | fuld | Statist | | | |
| 2. FULL NAME (a) Residence: No. ** ** ** ** ** ** ** ** ** ** ** ** ** | Length of resid | dance in city or town where | deeth occurred | | | | |
| (a) Residence: No. August Months PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE (b) Representation of the province of the pr | | 2.1.00 | | Volan | | 2.1 | 111.0/ |
| PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED (which word) 5. If marriad, widowed, or divorced HUBSAND of (or) WIFE of (or) WIFE of 5. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Deys If LESS than I day, | | 1/ | stown | v.Mu. S | FILMK | Woshilo | wn and State |
| OR DIVORCED (writinghe word) So. If married, widowed, or divorced (er) WiFe of HUSARD or HUSARD | PERSON | AL AND STATIST | | | MEDICAL CE | | - |
| 55. If marriad, widowed, or divorced HUSAND (Or) WIFE of HUSAND (No. 1997) 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than I day, hrs. for min. 8. Trade, profession, or particular kind of work done, as SPINNER (STATE R. etc.) 8. Industry or business in which was done, as SIK MILL, ALL ALL SAW MILL, BARK, etc. 10. Date decreased last worked at year) 12. BIRTHPLACE (city or town). (State or country) 13. NAME 14. BIRTHPLACE (city or town). (State or country) 15. MAIDEN NAME 20. I HEREBY CERTIFY, The I attended daceased from the Mark estated above, a profession, to particular to have accurated on the dafe stated above, a profession of the dafe stated above, a profes | 3. SEX | 4. COLOR OR RACE | | | 21. DATE OF DEATH | N = 9 | , 193 |
| 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than I day, hrs or. min. 8. Trade, profession, or particular kind of work done, as SPINNER SAWPER, BOOPKER ER, etc. 9. Industry or business in which SAW MILL, BANK, etc. 10. Date decased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town). (State or country) 13. NAME 14. BIRTHPLACE (city or town). (State or country) Whet test confirmed diagnosis? Whet test co | 5a. If marriad, widow | ed, or divorced | | 9.02 | | (Worth) (Day) | (Teer) |
| 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Deys If LESS than 1 day, | | | | | 1 HEREBY | 2/ () | ttended daceased from |
| 7. AGE Years Months Deys If LESS than 1 day, | 1.00 N1 | | | | Hart saw M. M. Aliva on | (10) (1) (1) | 37. double soid |
| 1 day, hrs. of min. 1 day, hrs. of min. of m | | | 1 | If LESS than | 1-1- | above att 45 m | death is said |
| 8. Trade, profession, or particular kind of work done as SPINNER SAWYER, BOOKKEPER, etc. 9. Industry or business in which SAW MILL, BANK, etc. 10. Dete decased last worked at this occupation (month and soccupation will be seen the seen of the s | 40 | 0 1 | 2 | | The PRINCIPAL CAUSE OF DEATH | | ce |
| Other Contributory Causes of importance: 12. BIRTHPLACE (city or town) | 8. Trade, profes | sion, or particular | tocker | 94 | arrhosis | of Lucas | Date of onset |
| Other Contributory Causes of importance: 12. BIRTHPLACE (city or town) | kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. | | | | (alcohol | 6) | ner |
| Other Contributory Causes of importance: 12. BIRTHPLACE (city or town) | Industry or I work was | businass in which done, as SILK MILL, | ace - 7 | well | | <i></i> | 1936 |
| Other Contributory Causes of importance: 12. BIRTHPLACE (city or town) | SAW MIL | ed last worked at | 11. Total ti | me (years) | | ••••• | |
| 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL CREMATON ORREFOOVAL (Address) 18. BURIAL CREMATON ORREFOOVAL (Address) 19. UNDERTAKER (Address) (Address) (Address) | | | C_ sper | nt in this pation Assemble | | | nia- |
| (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT 18. BURIAL CREMATION, OR REPOOVAL (Address) 18. BURIAL CREMATION, OR REPOOVAL (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (State or country) 19. UNDERTAKER (State or country) Menner of injury Natura of injury 24. Was diseesa or injury in eny way ralated to occupation of deceased? (Signed) M. D. (Si | 12 RIRTHPI ACE (cit | v or town) | | | Other Contributory Causes of import | tanca: | 10.34 |
| Whet test confirmed diagnosis? Was there en eu opsy? 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL CREMATON, ORREGOVAL 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Menner of Injury Natura of injury 19. UNDERTAKER (Address) (Signed) (Signed) (Signed) Mass there en eu opsy? Was there en eu opsy? Whet test confirmed diagnosis? Was there en eu opsy? Accident, suicide, or homicide? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Menner of Injury Natura of injury 19. UNDERTAKER (Signed) (Signed) M. D. | | | 10 | | CV.CU. I. I. U. J. I. U. | r.Lar | |
| Whet test confirmed diagnosis? Was there en eu opsy? 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL CREMATON, ORREGOVAL 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Menner of Injury Natura of injury 19. UNDERTAKER (Address) (Signed) (Signed) (Signed) Mass there en eu opsy? Was there en eu opsy? Whet test confirmed diagnosis? Was there en eu opsy? Accident, suicide, or homicide? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Menner of Injury Natura of injury 19. UNDERTAKER (Signed) (Signed) M. D. | 13. NAME | unk | | | | | |
| Whet test confirmed diagnosis? Was there en eu opsy? 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL CREMATON, ORREWOONAL 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) (Specify city or town, county and State) Nemper of Injury Natura of Injury 19. UNDERTAKER (Address) (Specify city or town, county and State) Nemper of Injury Natura of Injury 19. UNDERTAKER (Address) (Signed) (Signed) (Signed) Mass there en eu opsy? Whet test confirmed diagnosis? Was there en eu opsy? Whet test confirmed diagnosis? Was there en eu opsy? Whet test confirmed diagnosis? Was there en eu opsy? Accident, suicide, or homicide? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Menner of Injury Natura of injury 19. UNDERTAKER (Signed) (Signed) M. D. (Signed) M. D. | 14. BIRTHPLACE | (city or town) | nll | | Neme of operation 2000 | De | ete of |
| Specify city or town, county and State) 17. INFORMANT (Address) | (State of | country) | | | Whet test confirmed diagnosis? | lemical Was th | ere en eu opsy? |
| (State or country) Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. (Address) Menner of Injury Natura of injury 19. UNDERTAKER (Address) (Address) (Signed) (Signed) (Signed) Menner of Injury (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. (Address) Menner of Injury 19. UNDERTAKER (Address) (Address) (Address) (Signed) (Signed) (Signed) M. D. | 15. MAIDEN NAI | ME MIL | 41 | | 23. If deeth wes due to external caus | es (VIOLENCE) fill in also the f | ollowing: |
| Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. (Address) A Sungful State State (Address) A Sungful State State (Address) A Sungful State State Menner of Injury Natura of injury Natura of injury 19. UNDERTAKER (Address) (Address) (Address) (Address) (Address) (Signed) (Signed) (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. (Address) Menner of Injury Natura of injury (Address) | | | | | Accident, suicide, or homicide? | Dete of Injury. | , 19 |
| 17. INFORMANT (Address) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. 18. BURIAL CREMATION, OR REGIONAL Menner of Injury Natura of Injury 19. UNDERTAKER (Address) 24. Was diseesa or injury in eny way ralated to occupation of deceased? (Address) (Signed) (Signed) Menner of Injury Natura of Injury Natura of Injury (Signed) Menner of Injury Natura of Injury Natura of Injury Menner of Injury Natura of Injury Natura of Injury Natura of Injury Menner of Injury Natura of Injury Natura of Injury Menner of Injury Natura of Injury Natura of Injury Menner of Injury Natura of Injury Natura of Injury Menner of Injury Natura of Injury Natura of Injury Menner of Injury Natura of Injury Natura of Injury Menner of Injury Natura of In | (State or | country) | .0 | | Where did injury occur? | | and State) |
| 18. BURIAL CREMATON, OR REGIONAL Place 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) (Address) 24. Was disees or injury in eny way ralated to occupation of deceased? (Signed) (Signed) (Signed) (Signed) (M. D. Date (Signed) (Signed) (M. D. Date (M. D. Date (Signed) (Signed) (M. D. Date (M. D. Date (Signed) (Signed) (M. D. Date (M. D. Date (Signed) (M. D. Date (M. Date (M. D. Date (M. D. Date (M. D. Date (M. D. Date (M. Date (M. D. Date (M. | | evoras | 00 | 27/01 | Specify whether injury occurred in | INDUSTRY, In HOME, or In PUB | BLIC PLACE. |
| 19. UNDERTAKER W. St. Christy wow 24. Was disease or injury in eny way ralated to occupation of deceased? The Christian of the company of the | | ON, ORAREMOVAL | an stal | Le roup | Menner of Injury | | |
| 19. UNDERTAKER M. A. Christy wow 24. Was diseesa or injury in eny way ralated to occupation of deceased? The — (Address) Milling M. J. 20. FILED Law 9, 19.37 Osfary Mills (Signed) Wingmin Rever M. D. (Signed) M. D. | Will | ville 1. | - Date Ja | W. 12 193 | | | |
| 20, FILED Jan 9, 19 37 Ostary Hell (Signed) M. Dirginia Reyer M. D. | | m A Cl | le on | ylow | 24. Was diseesa or injury in eny wa | y ralated to occupation of decease | sed? NO- |
| | 20. FILED. | U 9,19.37 C | Harry | Meller Registrar. | (Signed)M. Durgu | 20 000 | |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| 1 | Example II | |
|---------------|--|--|
| Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onsef |
| 1915 | Attack of epilepsy | 1 week ago |
| 1921 | Run over by street car | 1 week ago |
| July 5,1927 | Peritonitis | 3 days ago |
| | Other contributory causes of importance | |
| May 1,1923 | Gastroenteritis | 1 year |
| | | |
| | 1915 1921 July 5,1927 | The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance: |

AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA-UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. mation should be carefully supplied. B.-WRITE PLAINLY, WITH

| County Carroll Colored Branch 23 Registration Dist. No. 74 Village or City Henryton, Maryland No. (Above) St. (If death occurred in a hospital or institution, give its NAME instead of street and any death occurred. O yrs. 9 mos. 2. FULL NAME Mary Johnson (a) Residence: No. 42 Fleet St. Annapolis, Anne Ameridel Co. Md. (Usualplace of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE Female Colored Single Single Single Maried, widowed, or divorced thusband of (or) Wife of Colored Single 1. DATE OF DEATH 1. DATE OF DEATH 2. I HEREBY CERTIFY, That I ettended de January 24 (Month) 2. I HEREBY CERTIFY, That I ettended de January 24 (Month) 1. Single Medical Cause of beath and releted ceuses of importance were es follows: No. (Above) St. (If death occurred in a hospital or institution, give its NAME instead of street and any destreet and an | ds. 193 7 (Year) ceased from |
|--|--------------------------------|
| (If death occurred in a horpital or institution, give its NAME instead of street and number of residence in city or town where death occurred on a horpital or institution, give its NAME instead of street and number of s | ds. (93.7 (Year) ceased from |
| Length of residence in city or town where death occurred O yrs. 9 mos. 9 ds. How long in U.S. if of foreign birth? yrs. mos. 2. FULL NAME Mary Johnson (a) Residence: No. 42 Fleet. St., Annapolis, Cusual place of abode? PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Female Color ed Single 2. I HEREBY CERTIFY, That I ettended de HUSBAND of (or) WIFE of 2. I HEREBY CERTIFY, That I ettended de January 24 (Month) (Dey) 2. I HEREBY CERTIFY, That I ettended de January 15 January 15 January 24 January 25 January 25 January 27 January 28 January 29 January 29 January 20 January | ds. 193 7 (Year) ceased from |
| (a) Residence: No. 42 Fleet St., Annapolis, Anna Awardel Co., Md. (Usuafplace of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE Female Colored Single 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single 5. If married, widowed, or divorced HUSBAND of (or) Wife of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days H LESS then 1 dey, hrs. or min. 1. MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH January 24 (Month) (Dey) 22. I HEREBY CERTIFY, That I ettended de January 24 I liest saw her elive on January 24 1 liest saw her elive on January 24 1 to have occurred on the dete stated above, at 6.30 Pm. M. The PRINCIPAL CAUSE OF DEATH and releted ceuses of importance were es follows: Pull monary Tuberroull Oscial | (Year) |
| PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE Female Colored Single 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single 21. DATE OF DEATH January 24 (Month) (Dey) 22. I HEREBY CERTIFY, That I ettended de January 15 January 15 January 24 93. 7 (Year) ceased from |
| 3. SEX 4. COLOR OR RACE Female Colored Single 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single 5. If married, widowed, or divorced HUSBAND of (Or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS then 1 dey, hrs. or min. 1. Item a profession or perticular. Pul monary Tuberroul or is a control or perticular. Pul monary Tuberroul or is a control or perticular. | ceased from |
| Female Colored Single OR DIVORCED (write the word) Single 1 January 24 (Month) (Dey) 1 January 24 (Month) (Dey) 1 January 24 (Month) (Dey) 22. I HEREBY CERTIFY, That I ettended de January 15 January 15 January 24 January 15 January 24 January 24 January 15 January 24 January 24 January 24 January 24 January 24 January 15 January 24 January 24 January 24 January 24 January 25 January 24 January 24 January 24 January 25 January 24 January 24 January 15 January 24 January 24 January 24 January 24 January 24 January 25 January 24 January 25 January 24 January 25 January 24 January 25 January 25 January 25 January 25 January 24 January 15 January 24 January 15 January 24 January 24 January 25 January 24 January 25 January 24 January 25 January 25 January 25 January 24 January 25 January 25 January 24 January 25 January 24 January 25 Ja | ceased from |
| 5e. If married, widowed, or divorced HUSBAND of (or) WIFE of 22. I HEREBY CERTIFY, That I ettended de January 15 | ceased from |
| January 15 1937, to January 24 6. DATE OF BIRTH (month, day, and year) Feb., 15, 1915 7. AGE Years Months Days If LESS then 1 dey, hrs. or min. 22 11 9 or min. 1 dey, hrs. or min. 23 11 PEREBY CERTIFY, instituted element of el | 19. 37 |
| 6. DATE OF BIRTH (month, day, and year) Feb., 15, 1915 7. AGE Years Months Days If LESS then 1 dey, hrs. or min. 22 11 9 or min. 1 lest saw her elive on January 24 1937; 1 to have occurred on the dete stated above, at 6.30 Pm. M. The PRINCIPAL CAUSE OF DEATH and releted ceuses of importance were es follows: | 19. 4. |
| The PRINCIPAL CAUSE OF DEATH and releted ceuses of importance were es follows: | death is seid |
| 8 Trade profession or particular | |
| A 8 Trade profession or particular | Date of enset |
| SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, Unknown SAW MILL, BANK, etc. 10. Date decessed lest worked at 11 Total time (years) | |
| work wes done, as SILK MILL, Unknown SAW MILL, BANK, etc. | Tarma |
| U 10. Date decessed lest worked at 11 Total time (years) | June 1936 |
| this occupation (month and TIT) less oran | 1300 |
| this occupation (month and Unknown spent in this Unknown occupation Unknown Other Contributory Causes of importance: | |
| 12. BIRTHPLACE (city or town) Annapolis | |
| (State or country) Maryland | |
| 13. NAME William Johnson 14. BIRTHPLACE (city or town) Annapolis Name of operation Date of | |
| (State of country) Wally Lail West there en aut | opsy? NQ |
| 15. MAIDEN NAME Miria Colbert 23. If death wes due to externel causes (VIOLENCE) fill in elso the following: | |
| 15. MAIDEN NAME Miria Colbert 23. If death wes due to externel causes (VIOLENCE) fill in elso the following: 16. BIRTHPLACE (city or town) Amapolis Accident, suicide, or homicide? Date of injury. | , 19 |
| Where did injury occur? | |
| 17. INFORMANT Reuben Hoffman Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLAC (Address) Henryton, Maryland | E. |
| 18. BURIAL, CREMATION, OR REMOVAL Place Transport Date Date Date Date Date Date Date Dat | |
| 19. UNDERTAKER 24. Was disease or injury in any way related to occupation of deceased? No (Address) If so, specify | |
| 20. FILED. 1/24/37, 19 Hary New (Signed) Luber African (Address) Henry ton, Maryland |) |

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example 1 | | Example II | Example II | | |
|--|--------------------|---|---------------|--|--|
| The principal cause of death and related ca of importance were as follows: | uses Date of onset | The principal cause of death and related cause of importance were as follows: | Date of onset | | |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago | | |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago | | |
| Cerebral hemorrhage | July 5, 1927 | Peritonitis | 3 days ago | | |
| AUPEAU V. | S | | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | | | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year | | |
| | | | | | |
| | | | | | |

V. S. No. 1 N. B.—V

| 1. PLACE OF DEATH County Way Way Usings or City Ward Length of residence in city Sydown where geath occurred. A. yrsmasswas hand stated distress and number) Length of residence in City Sydown where geath occurred. A. yrsmasswaswas hand with AMME instead distress and number) Length of residence in City Sydown where geath occurred. A. yrsmasswas | STATE OF MARYLAND— | CERTIFICATE OF DEATH 317 |
|--|--|---|
| Village or City. March Clare City C | 1. PLACE OF DEATH | ~ 1 |
| Ut death occurred in a hospital or insultance, give in NAME instead of sincere and number) 2. FULL NAME (a) Residence: No. Wall (b) Residence: No. Wall (c) Residence: No. Wall (a) Residence: No. Wall (b) Residence: No. Wall (c) Residence: No. Wall (c) Residence: No. Wall (d) Residence: No. Wall (e) Residence: No. Wall (e) Residence: No. Wall (e) Residence: No. Wall (e) Residence: No. Wall (f) Residence: No. Wall (e) Residence: No. Wall (in more ident give city or town and State MEDICAL CERTIFICATE OF DEATH (f) Say. Mall (| County Carrollo | Registration Dist. No. |
| Langth of residence in city of four where shall occurred. — yes | | |
| (a) Residence: Not Unaphlace of abody PERSONAL AND STATISTICAL PARTICULARS S. SEX 4. COLOR OR RACE 5. SINGLE, MARRIER, WIDOWRD. OR DAYORCD Course the yeld of the property | | 11 |
| PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE? 5. SINGLE, MARRIED, WIDOWSO, OR DUDGED (**mirch to spring) 50. If married, widowed, or divorced HUSSAND or | 2. FULL NAME Mushall Mchan | ghilung. S. Veteran, specify WAR |
| PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE? 5. SINGLE, MARRIED, WIDOWSO, OR DUDGED (**mirch to spring) 50. If married, widowed, or divorced HUSSAND or | (a) Residence: No Valley of | . M. Ward. |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARIED, WIDOWSO, OR DOUBETD (which wished) 5. If married, widowed, or divorced (co) wife of (Worth) 5. If married, widowed, or divorced (co) wife of (Worth) 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Minth Deyz If LESS than 1 day, hrs. The REBY CERTIFY. That I attended deceased from 19.3.5. to | (Usual place of abode) | |
| Sa. If married, widowed, or divorced HUSBAND (Month) (Usy) (Your) Sa. If married, widowed, or divorced HUSBAND (Month) (Usy) (Your) Sa. If married, widowed, or divorced HUSBAND (Month) (Usy) (Your) Sa. If married, widowed, or divorced HUSBAND (Month) (Usy) (Your) Sa. If married, widowed, or divorced HUSBAND (ILES) than (Inc.) Sa. If married, widowed, or divorced HUSBAND (ILES) than (Inc.) Sa. If married, widowed, or divorced HUSBAND (ILES) than (Inc.) Sa. If married, widowed, or divorced HUSBAND (ILES) than (Inc.) Sa. If married, widowed, or divorced HUSBAND (ILES) than (Inc.) Sa. If married, widowed, or divorced HUSBAND (ILES) than (Inc.) Sa. If married, widowed, or divorced HUSBAND (ILES) than (INC.) Sa. If married, widowed, or divorced HUSBAND (ILES) than (INC.) Sa. If married, widowed, or divorced HUSBAND (ILES) than (| | MEDICAL CERTIFICATE OF DEATH |
| Sa. I merrital vidowed, or divorced HISSAND (or) wife of 19.3 / 1. | | 21. DATE OF DEATH |
| HISSAND of (or) Wife of 4. DATE OF BIRTH (month, day, and year) 26 - 8 6 8 7. AGE Years Mining Days If LESS than I day, | 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7 | (Month) (Day) (Year) |
| 8. DATE OF BIRTH (month, day, and year 1997 20 - 10 8 1 last saw h | HUSBAND of | 22. / I HEREBY CERTIFY, That I attended deceased from |
| 7. AGE Years Winnits Deys If LESS than 1 day, | 1 1510 | |
| The PRINCIPAL CAUSE OF DEATH and related ceuses of Importance were as follows: The PRINCIPAL CAUSE OF DEATH and related ceuses of Importance were as follows: Oataoloneel | | last saw h alive on ham file 7 1937; death is said |
| S. Trade, profession, or particular kind of work dome, as SPHNER, SAWYER, BOUNKERPER, etc. SAWYER, | | |
| 8. Trade, profession, or particular in the profession of particular in the p | | was as follows: |
| 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMINION, OR REMOVING Place D Orwin State 19. UNDERTARGED (CITY or town) (Address) (Addre | 8. Trade, profession, or particular kind of work done as SPINNER. | p p j |
| 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMINION, OR REMOVING Place D Orwin State 19. UNDERTARGED (CITY or town) (Address) (Addre | SAWYER, BOOKKEEPER, etc. | Lotas Incussoma /31/3 |
| 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMINION, OR REMOVING Place D Orwin State 19. UNDERTARGED (CITY or town) (Address) (Addre | Work was done, as SILK MILL, | |
| 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMINION, OR REMOVING Place D Orwin State 19. UNDERTARGED (CITY or town) (Address) (Addre | SAW MILL, BANK, etc | |
| 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVED (Address) 19. UNDERTAKERIE (Address) 20. FILED Other Contributary Causes of Importence: Other Contributary Causes of Importance of Imp | this occupation (month one spent in this | |
| 13. NAME 14. BIRTHPLACE (city or town) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) 16. BIRTHPLACE (city or town) 16. BIRTHPLACE (city or town) 17. INFORMANT 18. BURIAL, CREMINION, OR REMOVAL 18. BURIAL, CREMINION, OR REMOVAL 19. UNDERTAKENE | | Other Contributary Causes of Importence: |
| 13. NAME 14. BIRTHPLACE (city or town) Name of operation Nam | | Similary of |
| What test confirmed diagnos for the state of | | O To the state of |
| What test confirmed diagnos of the property of | H IS. MAN TO COUNTY MINE | and it is more |
| 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVED (Address) 19. UNDERTAKENT (Address) 20. FILED 10. MAIDEN NAME 11. MAIDEN NAME 12. If deeth wes due to external address (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of Injury (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. (Menner of Injury Neture of Injury 12. Was disease or injury In any way related to occupation of deceased? If so, specify (Signed) M. D. Registrar. | 14, BIRTHPLACE (city or town) | |
| Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 18. BURIAL, CREMATION, OR REMOVED Place Or Owner State Supplies of Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Menner of Injury Neture of Injury 19. UNDERTAKENTA Management of Manag | - Juganier - | - Hyguna / |
| Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 18. BURIAL, CREMATION, OR REMOVED Place Or Owner State Supplies of Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Menner of Injury Neture of Injury 19. UNDERTAKENTA Management of Manag | I II. MAIDEN NAWE JULE LEWS-CA | |
| 17. INFORMANT Specify city or town, county and State) 18. BURIAL, CREMATION, OR REMOVED Place On Management of Injury 19. UNDERTARCHE Management of Manage | 16. BIRTHPLACE (city or town) | |
| 18. BURIAL, CREMATION, OR REMOVED Place Onwold Late on 18, 19 Menner of Injury 19. UNDERTAKENTA Management of Menner of Injury (Address) 7 4 Superior Art (Address) 7 5 Charles Byfor 20. FILED Raw (1, 1937 Charles Byfor Registrar. Menner of Injury Neture of Injury 19. UNDERTAKENTA Management of Menner of Injury Neture of Injury (Signed) Menner of Injury Menner of Injury Neture of Injury (Signed) Menner of Injury Menner of Injury Neture of Injury Menner of Injury Neture of Injury Menner of Injury Neture of Inju | - 1 (State of Country) | (Specify city or town, county and State) |
| 18. BURIAL, CREMATION, OR REMOVED Place Onu Glad Date On 18., 19 Menner of Injury 19. UNDERTAKENTA Western Was disease or injury In any way related to occupation of deceased? 20. FILED Law (1, 1937 Chary) By Free (Signed) Registrar. Menner of Injury Neture of Injury Neture of Injury (Signed) (Signed) M. D. | | Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. |
| Place Down Mal Daty Own 8, 19 Neture of Injury 19. UNDERTAKENTA Westlefeld (Address) 9/4 Signature of Malay Malay In any way related to occupation of deceased? 20. FILED Law (7, 1937 Chary) 18 Syfter (Signed) M. D. Registrar. | | 100000000000000000000000000000000000000 |
| 19. UNDERTAKENTY May May related to occupation of deceased? 24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) | | |
| 20. FILED Law (7, 1937 Chary) Byfre (Signed) MASSING M. D. | 0+ 0/1. 1. 1. 1 | |
| 20. FILED Jan (7, 1937 CHany) & Byfor (Signed) M. M. D. Registrar. Haldress & State Hotel. | (V 1/1 ~ 1) | |
| 20. FILED. Registrar. The Address to help State April | 1 12 15 Ol Waller | M M Mail |
| WANTE BUTTON STORE POPUL | and transfer out to the state of the state o | (Signed) M. D. |
| | | " XINNE State Blinks Daniel XI S. N. Will Not by |

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| Example I | įį | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis = 1 1997 | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| 1511877 | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

| ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICI |
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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | Ì | Example II | | |
|--|---------------|--|---------------|--|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset | |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago | |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago | |
| Cerebral hemorrhage FFB 3 1937 | July 5, 1927 | Peritonitis | 3 days ago | |
| SELEFAULV. S. | 13 | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year | |
| | | | | |
| | | | | |

PHYSICIANS should state

stated EXACTLY. properly classified.

mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be

See instructions on back of certificate.

TION is very important.

of OCCUPA.

Exact statement

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| U | 1 | 0 | 7 |

| 1 | . PLACE OF DEATH | | (8) | |
|-----------------------------------|--|--|---|-----------------------|
| | County Carroll | _ | Registration Dist. No | 0. 74 |
| | Village or City North 3 | rauch | No. nous Silanty Rd | St., Ward |
| | | | death occurred in a hospital or institution, give he NAME instead | of street and number) |
| | Length of residence in city or town where death | occurradyrs,mos | ds. How long in U.S. it ot toreign birth?yr | sds. |
| 2 | . FULL NAME 13 aly | muser | If U. S. Veteran, specify WAR | |
| | (a) Residence: No. Youl | (Usual place of abode) | St., Ward. If nonresident give city | or town and State |
| | PERSONAL AND STATISTICAL | L PARTICULARS | MEDICAL CERTIFICATE OF I | DEATH |
| 1 | | SINGLE, MARRIED, WIOOWED, OR DIVORCED (write the word) | 21. DATE OF DEATH | , 193 1 (Year) |
| 5e. | It married, widowed, or divorcad | | (wonth) | iy) (real) |
| 0 | HUSBANO ot (or) WIFE ot | | 22. 1 HEREBY CERTIFY, The | |
| | 1- | 0 | , 19, to | |
| | OATE OF BIRTH (month, day, and year) AGE Years Months | | l iast saw h alive on | , |
| 1. | AGE TESTS MONTHS | Oays If LESS than 1 dey,hrs. | to heve occurred on the date stated ebove, at | |
| | | ormin. | were es follows: | Date of onset |
| OCCUPATION | 8. Trada, protession, or particular kind ot work done, as SPINNER, SAWYER, BOOKKEEPER, etc | | Sullyon | |
| PAT | 9. Industry or businass in which work wes dona, as SILK MILL, | | 4 mo | |
| COL | SAW MILL, BANK, etc | t | | |
| 00 | 10. Data deceesed lest worked at this occupation (month and | 11. Total time (years) spant in this | | |
| - | year) | occupation | Other Contributory Causes of importance: | |
| 12. | BIRTHPLACE (city or town) Noull Bra | uely mr Dykestle | | |
| ~ | (State or country) md | | | |
| FATHER | 13. NAME Charles n | user | | |
| AT | 14. BIRTHPLACE (city or town) | **** | Neme of operation | Date of |
| - | (State or country) | 500 | What test confirmed diagnosis? W | as there en eutopsy? |
| MOTHER | 15. MAIDEN NAME Joursa | Mubollon | 23. It daath was due to axternal causes (VIOL ENCE) fill in elso | the following: |
| OT | 16. BIRTHPLACE (city or town) | | Accident, suicide, or homicide? Oate of in | njury 19 |
| Σ | (Stata or country) | nd | Whera did injury occur? (Specify city or town, co | |
| 17. | INFORMANT Chas Mu (Address) Subset 1 | er mel | Specify whether Injury occurred in INOUSTRY, in HOME, or in | n PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL | | Manner of injury | | |
| | Place las from of on foreune D | ate Jan 20, 1937 | Natura of injury | |
| 10 | UNDERTAKER Char mise | (father) | 24. Was disease or injury in any way related to occupation of o | |
| 13. | (Address) Sugar Ind | les mel | if so, spacity | |
| 200 | FILED lan 20 1957 CSKO | my Hier | (Signed) Among En Marty | M. D. |
| 20. | , 199 | Registrar. | (Address) Paudallalis | Two The |
| | | | | |

B.—WRITE PLAINLY,

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| | Example I | h | Example II | | |
|---|-------------------------------------|---------------|--|-----------------|--|
| The principal cause of importance were as | f death and related causes follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | S Date of onset | |
| Arteriosclerosis | RECEIVED | 1915 | Attack of epilepsy | 1 week ago | |
| Chronic interstitial neph | ritis | 1921 | Run over by street car | 1 week ago | |
| Cerebral hemorrhage | 111 4 195 | July 5, 1927 | Peritonitis | 3 days ago | |
| | 12.00 | | | | |
| | R REPART V W | 1 | | | |
| Other contributory ca | nuses of importance: | | Other contributory causes of importance: | -2.03 | |
| Gallstones | | May 1,1923 | Gastroenteritis | 1 year | |
| | | | | | |
| | | | | | |

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA.

| STATE OF | MARY | LAND- | CERTIF | ICATE | OF | DEATH |
|----------|------|------------|--------|-------|----|-------|
| | 2.0 | The second | | | | |

| 2 | 1) | t | b | |
|---|----|---|----|--|
| D | | t | Į. | |

| 1. PL | ACE OF DEA | TH | Me | | | osis Sanatoriu | m | |
|------------|---|-------------------------------|--------------------------------------|---|---------------------------------|--|----------------------------|-------------------|
| Co | ounty Carro | 11 | | Col | lored Bi | ranch 23 Registratio | on Dist. No. 74 | |
| Vil | llage or City_He | enryton, | | _ (f | No. death occurred in | (above) a horpital or institution, give its NA) ow long in U.S. If of toreign birth? | ME instead of street and | Ward |
| 2. FII | LL NAME | Linwoo | d Mitch | | | U. S. Veteran, specify WAR | | |
| | | | | mico Co., | | | ent give city or town ar | nd State |
| | ERSONAL AL | | | | | MEDICAL CERTIFICAT | E OF DEATH | |
| 3. SEX Ma | le Co | or or race | 5. SINGLE, MAI OR DIVORCE Marr | RRIED, WIDOWED, ED (write the word) ied | 21. DATE (| of DEATH Januar (Month) | y 21, | |
| HUSI | ried, widowed, or div BANO of WIFE of | rorced | Lettie | Mitchell | January | HEREBY CERTI 7. 191937 | January 2 | 2119.37 |
| 6. DATE (| OF BIRTH (month, day | ay, and year) Months | Aug., | 12, 1885 | to have occurre | M elive on January ed on the date steted above, at 4 | .40 mA.M. | 27; deeth is seld |
| Z 8. T | 51 rede, protession, or p | 5 particular | 9 | 1 day,hrs. ormin. | The PRINCIPA were as tollows | L CAUSE OF DEATH and related case: Pulmonary T | | Date of onset |
| | kind of work done SAWYER, BOOKKE Idustry or business work was done, as SAW MILL, BANK, ate deceased last wo | In which SILK MILL, etc | Labore | n | | | | Mar. |
| 12. BIRTH | this occupation (m year) IPLACE (city or town tate or country) | onth and Unkn | own spectro | time (years) ent in this nknow upation Unknow | | tory Causes of Importance: | | 1935 |
| ₩ 13. N | AME | John | T. Mit | chell | | | | |
| L | IRTHPLACE (city or to (State or country) | own) Quan Mary | | | Neme of operet | tion | Dete of | AT. |
| 15. M | ATOEN NAME | Lizz | ie Smol | ey | 23, If death was | due to external causes (VIOL ENCE) |) fill in also the followi | ing: |
| 15. M | (State or country) | Mary | land | | | ry occur? | Date of injury | |
| | ddress) Henr | | man. M. aryland | D. | Specify whethe | r injury occurred in INOUSTRY, in | HOME, or In PUBLIC P | LACE. |
| 18. BURIA | L, CREMATION, OR Hebron | REMOVAL 1. Md. | Oate Jan | . 23, 19 37 | Manner of injur | | | |
| | RTAKER THE didress) | wherein | lle | and, | 24. Wes disease | or injury in any way related to occ | upation of deceased? | No |
| 20. FILEO. | 1/21/37/ | 19. OSHE | Lo Lo | Cal Registrar. | (Signed) | deepen Hoff, | Maryland | м. о. |

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| Example I | | | |
|---------------|--|--|--|
| Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset | |
| 1915 | Attack of epilepsy | 1 week ago | |
| 1921 | Run over by street car | 1 week ago | |
| July 5,1927 | Peritonitis . | 3 days ago | |
| | | | |
| | Other contributory causes of importance: | | |
| May 1,1923 | Gastroenteritis | 1 year | |
| | | | |
| | 1915 1921 July 5,1927 | of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance: | |

V. S. No. 1

| STATE OF MARY! | AND-CERTIFICATE | OF DEATH |
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| 0 | | | | |

| . PLACE OF DEATH | \$200 TI d |
|---|--|
| County Carryott | Registration Dist. No. |
| Village or City Ayheanle | NoSt.,W |
| | (If death occurred in a hospital or institution, give its NAME instead of street and number) |
| Langth of residence in city of town where death occurred yrs | ds. How long in U.S. If of foreign birth?mos |
| 2. FULL NAME Slonge & Mye | If U. S. Veteran, specify WAR |
| (a) Residence: No. (Usual place of abode) | Ward. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| SEX 4. COLOR OR RAGE OR DIVORCED (write the word) | 21. DATE OF DEATH 4 193 3 |
| If married, widowed, or divorced | (Month) (Bay) (Year) |
| HUSBAND OF Jennie & Myerly | 22. June 3 1933, to Jan 4 193 |
| DATE OF BIRTH (month, day, and year) | I last saw h sameliva on June 4 19.3 7 death is |
| AGE Years Months Days If LESS than | to have occurred on the date stated above, at 12 35mb |
| 76 11 25 1day,hr | The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: Date of or |
| 8. Trade, profession, or particular | A |
| kind of work done, as SPINNER, Mull Wanghit | - Cerebral 1 |
| 9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, atc | Herringe / |
| 10. Date daceasad last workad at this occupation (month and yaar) occupation | |
| BIRTHPLACE (city or town) Suassell Constitution (State or country) | Other Contributory Causes of Importanca: |
| 0 / 1 | - Mus Julianis 1 |
| 13. NAME Curry Julyerly | |
| 14. BIRTHPLACE (city or town) | Name of operation |
| (State or country) Muny | What test confirmed diagnosis? Les Es Asset Was there an autopsy? |
| 15. MAIDEN NAME MANY Manh | 23, if death was due to external causes (VIOLENCE) fill in also the following: |
| 16, BIRTHPLACE (city or town) Mrange | Accident, suicida, or homicide? Date of injury, 19 |
| (State or country) | Where did injury occur? |
| Hard For 10 | (Specify city or town, county and State) |
| INFORMANT / Tymu remain | Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| (Address) BURIAL, CREMATION, OR REMOVAL | |
| (the things of the same said | Manner of Injury |
| Place Casally L. Cm. Date Jun. 195. | Nature of Injury |
| UNDERTAKER A Bankard & Don | 24. Was diseasa or injury in any way ralated to occupation of deceasad? |
| (Address) pertnemeter md. | If so, specify |
| FILED Jane . 5 , 1937 OHany Herr | (Signed) M. Mysselfur f. f. |
| Registrar. | |

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|--|---------------|--|---------------|--|
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| Other contributory causes of importance: | | Other contributory causes of importance: | | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year | |
| | | | | |

| | infor- | state | UPA- |
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| | item of | plaous | of OCC |
| |). Every | SICIANS | atement |
| | RECORI | . PHY | Exact st |
| INDING | RMANENT | XACTLY | classified. |
| FOR B | IS A PE | stated E | properly |
| MARGIN RESERVED FOR BINDING | G INK-THIS | GE should be | hat it may be properly |
| ARGIN | N. B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor- | mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state | CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA- |
| | PLAINLY, W | hould be carefu | OF DEATH in |
| V. S. No. 1 | N. B.—WRITE | mation sl | CAUSE |
| | | | |

| 1. PL | LACE OF DEATH | 92-00 | 7 | 1 |
|-------------------|---|--------------------------------------|--|--------------|
| C | ounty Casall | | Registration Dist. No | ø |
| ٧ | illage or City / Doetsucaus Vacley - | No. | ion, give its NAME instead of street an | - Wai |
| De la | | | f foreign birth?yrs | |
| | W. 111 10 | | | |
| | Barre | | | |
| (| a) Residence: No. // Securities (Usual place of abode) | St., Ward. | If nonresident give city or town a | nd State |
| F | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CI | ERTIFICATE OF DEATH | |
| 3. SEX | 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OD DIVORCED (write the word) Undower | 21. DATE OF DEATH | (Month) (Day) | 193 (Year) |
| 5a. if ma | orried, widowed or divorced | / | | .6 |
| (or) | WIFE of Cleany Baugher legen. | 22. NOU. 30 | CERTIFY, That I attend | paceased 1 |
| | OF RIPTH (month day and year) Just 6 1870. | i last saw heller aliva on | Jamok 3 19 34 | 27; death is |
| 6. DATE 7. AGE | OF BIRTH (month, day, and year) Years Months Days If LESS than | to have occurred on the date state | 11 2300 | |
| | 60 11 7-W 1 day,hrs. | The PRINCIPAL CAUSE OF DEAT | 'H and ralated causas of Importance | |
| 8. | 90 1 1 1 1 101191N. | were as follows: | T. | Date of or |
| NO 70. | Trada, profession, or particular kind of work done, as SPINNER, Facurer SANYER, BOOKKEEPER, atc | Juleurovo | my Vanoubous - | 100.19 |
| - | Industry or businass in which work was done, as SILK MILL, | | | |
| 317 | SAW MILL, BANK, etc. Date deceased last worked at / 11. Total time (years) | | | |
| 0 7 | this occupation (month and 41/35 spent in this 46, | | | |
| | Carros da. | Other Contributory Causes of impo | | Rous |
| | (State or country) Lucy Country | Ola Euda and | | 1927 |
| ۲ 13. ا | NAME Daniel L. Leures. | | | |
| I | BIRTHPLACE (city or town) Case on 20 | Name of operation | Date of | |
| 14. I | (State or country) | | Was thara a | n autopsy? |
| | MAIDEN NAME Elizobeil Ucilla | 23. if death was due to axternal cau | uses (VIOL ENCE) fill in also tha follow | ring: |
| H 16. | BIRTHPLACE (city or town) Long Co- | Accident, suicide, or homicida? | Date of injury | , 19 |
| ž i | (State or country) Feerey ware. | Where did injury occur? | //0 % % | 2 |
| 17. INFO | (Address) ATEStury of lelayland, | Specify whether injury occurred in | (Specify city or town, county and S n INDUSTRY, in HOME, or in PUBLIC | PLACE. |
| 18. BURI | IAL, CREMATION, OR REMOVAD | Manner of injury | ************************* | |
| - | Place Mugdow (In auchate 1/5 1936 | Natura of Injury | | |
| | ERTAKER G. W. Selble & Pour (Address) Glen Rech. | 24. Was disease or injury any w | y related to occupation of deceased? | Lw |
| | 1/4/37 CRTaglo | (Signed) | Lu Han | |
| 20. FILE | D Registrar. | (Address) | 3 Turnerster Cle | Day Me |

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronie interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| 1: 0 1751 | ? | | |
| PEATL V 9 | 13 | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | - |

V. S. No. 1 N. B.—V TION is very important. See instructions on back of certificate.

| 1. PLA | CE OF DEATH | | 1 1/1/ (1) | | CERTIFICATE OF DE | |
|--|--|-----------------|------------------------------|--|--|--|
| Cou | nty Carr | 011 | ***** | | Registration | on Dist. No. 83 |
| Villa | age or City | Gai | ther | | No | St., War |
| Lang | gth of rasidence In city | or town whera o | daath occurrad | S yrs O mos | death occurred in a hospital or institution, give its NA Ods How long in U.S. If of foreign birth? | NM E instead of street and number)yrsde |
| 2. FUL | L NAME E | ffie I | rene Ne | rwood | | |
| (a) | Residence: No | | Ga i (Usual place | ther of abode) | St., Ward. | ent give city or town and State |
| PE | RSONAL AND | STATIST | CAL PARTI | CULARS | MEDICAL CERTIFICA | TE OF DEATH |
| Fema | ale 4. color | | 5. SINGLE, MAR OR DIVORCE | RIED, WIDOWED, (write the word) | 21. DATE OF DEATH January 21 (Month) | (Day) (Yaar) |
| 6a. If married, widowed, or divorced HUSBAND of Jacob C. Nerweed | | | | | A . | FY. That I attended deceased from |
| DATE OF | F BIRTH (month, day, a | Oct | . 8, 18 | 74 | I last saw h.C.R. alive onQC.tobe | |
| . AGE | Years 62 | Months 3 | Days | If LESS than I day,hrs. | to have occurred on the date stated above, and the PRINCIPAL CAUSE OF DEATH and related c | 20. P.m. |
| 8. Tra | de, profession, or parti kind of work dona, as SAWYER, BOOKKEEPE | | | f e | ware as follows: Cerebral Hemorrhage | Oate of ona |
| 9. Ind | ustry or business in w work was done, as SIL SAW MILL, BANK, etc | hich K MILL, | own home | | | |
| | e decaased last worka this occupation (month year) | d at | II. Total t | ime (yaars) ntin this life upation | | |
| 12. BIRTHP (Sta | LACE (city or town) | rederi | ck Coun | ty | Other Coutributory Causes of Importance: | |
| 13. NA | ME David B | ell | | | | |
| | THPLACE (city or town (Stata or country) |)? Mary | land | | Name of operation What tast confirmed diagnosis? | Oate of |
| 15. MAI | IDEN NAME Ann | a Tabl | er | | | |
| 15. MAI 16. BIR | : THPLACE (city or town (State or country) | Frede | rick Co | | 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicida, or homicida? | |
| 17. INFORMANT Jacob C. Norwood (Address) Saith Ind. 18. BURIAL, CREMATION, OR REMOVAL Place Hyattstown Compate 1-25 ,1937 | | | | | (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. | |
| | | | | 5 ,1937 | Manner of injury | |
| 9. UNOERT | AKER C.M.W. drass) Winf | altz ield M | artland | | 24. Was disease or injury in any way related to oc | The second secon |
| 20. FILEO_] | Jau 23 191 | 37. 8 | ua m | Now ett | (Signad) (Signad) | Maryland M. |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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| 1 | Example II | | |
|---------------|--|--|--|
| Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset | |
| 1915 | Attack of epilepsy | 1 week ago | |
| 1921 | Run over by street car | 1 week ago | |
| July5,1927 | Perilonilis | 3 days ago | |
| | | | |
| | Other contributory causes of importance: | | |
| May 1,1923 | Gastroenteritis | 1 year | |
| | | | |
| | 1915 1921 July5,1927 | The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance: | |

| STATE OF MARYLAND | -CERTIFICATE OF DEATH 324 |
|---|--|
| 1. PLACE OF DEATH | 11/2 |
| County Carroll | Registration Dist. No. |
| Village or City (Uslieunste) | NoSt., Wa (If death occurred in a horpital or institution, give its NAME instead of street and number) |
| Length of residence in city or town where deeth occurredyrs | _mosds. How long In U.S. if of foreign birth?yrsmos |
| 2. FULL NAME Mary Elizabeth | a Preston |
| (a) Residence: No. | St., Ward. |
| (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS | If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWEI | |
| OR DIVORCED (surife the word | (Month) (Dey) (Yeer) |
| 5a. If married, widowed, or diversed NUSSEAND of (or) WIFE of James 94 Preston | 22. I HEREBY CERTIFY. Thet I ettended decessed f |
| 6. DATE OF BIRTH (month, day, end yeer) June 27-186 | 7 last you h. 27 elive on law 162 , 1937; deeth is s |
| 7. AGE Yeers Months Days If LESS the | |
| 69 6 20 Iday,in | I THE PRINCIPAL CAUSE OF DEATH THE TELEGOCOUSES OF IMportance |
| 8. Trede, profession, or perticular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. | aux |
| SAWYER, BOOKKEEPER, etc. | 1 Trouchs-finanoma day |
| 9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc. | |
| 10. Date deceased last worked et this occupetion (month end yeer) | |
| 12. BIRTHPLACE (city or town) Marylund: (Stete or country) | Other Contributory Causes of Importence: |
| # 13. NAME Henry Kuller: | - West |
| I | Neme of operation Dete of |
| 14. BIRTHPLACE (city or town) Many level (State or country) | Whet test confirmed diagnosis? Wes there en au'opsy? |
| 15. MAIOEN NAME SUURLOWN | 23. If deeth wes due to externel ceuses (VIOLENCE) fill in also the following: |
| 5 16. BIRTHPLACE (city or town) Multuown | Accident, suicide, or homicide? Oate of Injury |
| State or country) | Where did injury occur?(Specify city or town, county and State) |
| 17. INFORMANT TVU Preston (Address) Westmustly My | Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL ONE June 20, 19. | Menner of injury |
| 19. UNDERTAKER Edus Offiction (Address) Hampstend mid | 24. Was disease or injury in any wey related to occupation of decessed? No |
| 20. FILED //) , 10 7 4/ Clevo terms | (Signed) Stillety M. (Address) here which some mid. |
| | gtrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1. |

294

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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| Example I | | Example II | | |
|--|---------------|--|---------------|--|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset | |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago | |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago | |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago | |
| FEB 5 1997 | | | | |
| Other contributory causes of importance: S. | | Other contributory causes of importance: | | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year | |
| | | | | |
| | | | | |

V. S. No. 1

| STATE OF MARYLAND— | CERTIFICATE OF DEATH 325 |
|---|--|
| 1. PLACE OF DEATH | (23) |
| County Carroll. | Registration Dist. No. |
| Village or City Westmen ofce, Mel | No. St., Ward |
| (If | death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foraign birth?yrsmosds. |
| 10/ 10 P | |
| 2. FULL NAME Calenateth U. May | If U. S. Veteran, specify WAR |
| (a) Residence: No. Affille St. (Usual place of abode) | Ward. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX) 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, | 21. DATE OF DEATH |
| Finale Colored OR DIVORCED (with the word) | (Month) (Day) (Yeer) |
| 5a. If married, widowed, or divorced HUSBAND of | |
| (or) WIFE of Charles May. | 22. HEREBY CERTIFY That I ettended decesed from |
| 19 1897 | Hast saw held alive on Sec 2 6 1936; death is said |
| 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than | to have occurred on the data stated above, at 11:30A.m. |
| 39 4 15 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of importance |
| _ \ 8. Trede, profession, or particular | Date of onset |
| SAWYER, BOOKKEEPER, etc. | (Pulmonary) |
| kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this occupation (month end) spent in this | / / |
| 10. Date deceased last worked et this occupation (month end) 11. Total time (years) spent in this | |
| this occupation (month end) 1/36 spent in this /2 occupation | Ohn Contillation Comment in a state of the s |
| 12. BIRTHPLACE (city or town) Coursell Co | Other Contributory Causes of importence: |
| (State or country) Med. | |
| 13. NAME CONTACTORY. | |
| 14. BIRTHPLACE (city or town) President Co | Name of operation |
| (State or country) | What test confirmed diagnosis? Tups regue y Was there an autopsy? |
| 15. MAIDEN NAME COUL Chuse 16. BIRTHPLACE (city or town) Curroll Co | 23. If death was due to external causes (VIOL DICE) fill in also the following: |
| 6 16. BIRTHPLACE (city or town) Curroll Co | Accident, sulcide, or homlcide? Date of injury, 19 |
| (State or country) | Where did injury occur?(Specify city or town, county and State) |
| 17. INFORMANT My. GVE COX. | Specify whether Injury occurred in INDÚSTRY, in HOME, or In PÚBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOUNT | Manner of Injury |
| Placells week Centy Date Mrs. 8 , 1936 | Nature of injury |
| 19. UNDERTAKER 6-14. Waltz | 24-Wes dicease or injury In any way related to occupation of deceased? |
| (Address) Wanfald, Mul. | It/so, specify |
| 20. FILED 19 Registrar. | (Signed) We Many fill fill M. M. D. (Addrass) We de la Many fill fill fill fill fill fill fill fil |
| | 2411 N. Charles Streep, Baltimore, Requesting U. S. No. z. |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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| | Example I | 1 | Example II | |
|---|--|-------------|--|---------------|
| The principal cause of importance were | The principal cause of death and related causes of importance were as follows: | | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | TIL SEIVED! | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial ne | phritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | FEB 5 1037 | July 5,1927 | Peritonitis | 3 days ago |
| | Pause du V. S. | 7 | | |
| Other contributory | causes of importance: | | Other contributory causes of importance: | |
| Gallstones | | May 1,1923 | Gastroenteritis | 1 year |
| | | | | |
| | | | | |

V. S. No. 1

| STATE OF MARYLAND— | CERTIFICATE OF DEATH |
|--|---|
| 1. PLACE OF DEATH | - 020 |
| County Carroll | Registration Dist. No. 7J |
| Village or City Man electer (IF | NoSt.,Ward death occurred in a horpital or institution, give its NAME instead of street and number) |
| Length of residence in city or town where death occurred | ds. How long in U. S. if of foreign birth?yrsmosds. |
| 2. FULL NAME Lewes le Kehrin | efer |
| (a) Residence: No. | St., Ward. |
| (Usual place of abode) | If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3, SEX 4. COLOR OR RACE OR DIVERCED (write the word) Wale White Wadawsed | 21. DATE OF DEATH 14 193 7 (Month) (Day) (Year) |
| 5a. If married, widowed, or divorced HUSBAND of | 22. I HEREBY CERTIFY, That I attended deceased from |
| HUSBAND of Linkerneum | gan // 1937 to gan 14 1927 |
| 6. DATE OF BERTH (month, day, and year) Cure / 1855 | Wast saw h was alive on Jan 12 1937; death is said |
| 7. AGE Years Months Days tf LESS than | to have occurred on the date stated above, at 5 30 Pm. |
| 81713 day,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: |
| 1 8 Trade profession or particular | Coronary Selevosis 1/14/5 |
| todustry or business in which | |
| work was done, as SILK MILL, SAW MILL, BANK, etc. | V |
| 10: Date deceased last worked at this occupation (month and year) year) 11. Total time (years) spent in this occupation | |
| 12. BIRTHPLACE (city or town) | Other Contributory Causes of importance: |
| (State or country), Vennsylvanice | |
| 13. NAME Charles Represeyer | |
| 13. NAME SMARLE RESIDENCE 14. BIRTHPLACE (city or town) | Name of operation Date of |
| (State of country) | What test confirmed diagnosis? Was there an autopsy? |
| 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) | 23. If death was due to externat causes (VIOLENCE) fill in also the following: |
| 16. BIRTHPLACE (city or town) | Accident, suicide, or homicide? Date of injury, 19 |
| (State or country) | Where did injury occur?(Specify city or town, county and State) |
| 17. INFORMANT CONTACTOR AND CO | Specify whether injury occurred in INDÚSTRY, in HOME, or in PÚBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL Place Musicumpate San. 17, 1936 | Manner of injury |
| 19. UNDERTAKER Jacob Winkin Saus | 24. Was disease or injury in any way related to occupation of deceased? |
| (Address) Manchester ma | If so, specify |
| 20. FILED au 15 1937 mis FF P. S. aleman | (Signed) With Sterner M. D. |
| Registrar. | (Address) washingthe Wash |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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| Example I | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: VED | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arterioselerosis | 1915 | Attack of cpilepsy | 1 week ogo |
| Chronic interstitial mephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage FEB 5 | July 5,1927 | Peritonitis | 3 days ago |
| H PRIDEAU V. S. | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | <u>La production de la contraction de la contracti</u> | |

| ADDITIONAL SPACE FOR | FURTHER | STATEMENTS | BY | PHYSICIAN |
|----------------------|---------|------------|----|-----------|
|----------------------|---------|------------|----|-----------|

V. S. No. 1

| STATE OF MARYLAND | CERTIFICATE OF DEATH 327 |
|--|---|
| 1. PLACE OF DEATH | (131) |
| County Canall | Registration Dist. Np. |
| Village or City / Westminster | No. St., Ward |
| Length of residence In city or town where death occurred. | f death occurred in a horpital or justitution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?yrsmosds. |
| 2. FULL NAME Treva Susan Ph | roles |
| (a) Residence: No. 14 Dayle an | Ward. |
| (Grual place of abode) | If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) | 21. DATE OF DEATH (Month) (Day) (Year) |
| 5a. If married, widowed, or divorced HUSBAND of | |
| (or) WIFE of | 22. I HEREBY CERTIFY, That I attended deceased from |
| 6. DATE OF BIRTH (month, day, and year) Tele - 19-18-97 | Stast saw her aliva on Aur 30 - 197 death is said |
| 7. AGE Years Months Days If LESS than | to have occurred on the date stated above, at 2.45 m. |
| 39 1/ /2 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of importance |
| 8 Trade profession or particular | Chrysle Intestitual 1935. |
| SAWYER, BOOKKEEPER, etc. | nephritis. |
| 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc | Chronic myocardetos 1935. |
| 5 10. Date deceased last worked at 11. Total time (years) | |
| o this occupation (month and spant in this occupation | A |
| 12. BIRTHPLACE (city or town) | Other Contributory Causes of importance: |
| (State or country) Dayland. | 1936 |
| 14. BIRTHPLACE (city or town) | acute Cardine Orlalate Jans |
| 14. BIRTHPLACE (city or town) | Name of operation Data of |
| (State of Country) | What test confirmed diagnosis? Was there an au opsy? |
| 15. MAIDEN NAME Susan Bankert 16. BIRTHPLACE (city or town) (State or country) | 23. If death was due to external causes (VIDLENCE) fill In also the following: |
| 16. BIRTHPLACE (city or town) | Accident, suicide, or homicide? Date of injury, 19 |
| (Stata or country) flayland, | Where did injury occur? (Specify city or town, county and State) |
| 17. INFORMANT | Spacify whether injury occurred In INDUSTRY, In HDME, or in PUBLIC PLACE. |
| (Address) / Dofte and. Mestimuster 14. 18. BURIAL, CREMATION, OR KEMOVAL Canal Ge. L.C. | |
| Place Kriders Cem. Top Date A Trel 2 1937 | Manner of injury |
| 19. UNDERTAKER J. J. Little X fon (Address) A Little Andrew PA: Carp & Little | 24. Was disease or Injury In any way related to occupation of deceased? 110 |
| 2/1 37/11 | |
| 20. FILED 19. 19. Registrar | (Signed) Mastmurth M.D. |
| If more blanks are needed, address State Registrar, | 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1. |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

| Example I | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitual nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

RGIN RESERVED FOR BINDING H UNFADING INK—THIS IS A PERMANENT

V. S. No. 1

PHYSICIANS should state UNFADING INK-THIS IS A PERMANENT RECORD, Every item of infor-Exact statement of OCCUPA. AGE should be stated EXACTLY. properly classified. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. -WRITE PLAINLY, WITH TION is very important. N. B.-

| STATE OF MARYLAND | CERTIFICATE OF DEATH |
|--|--|
| 1. PLACE OF DEATH | 16-BV |
| County Carroll | Registration Dist. No. |
| Village or City Westminster | No. 65 Liberty St, Ward (If death occurred in a hospital or institution, give its NAME instead of street and number) |
| | mosds. How long in U.S. If of foreign birth?mosds. |
| 2. FULL NAME Andrew Damron Rice | |
| (a) Residence: No. 65 Liberty (Usual place of abode) | St., Ward. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWE OR DIVORCED (write the wol | |
| male white married 5e. If married, widowed, or divorced | (Month) (Day) (Year) |
| HUSBAND of (or) WIFE of Thelma Sandbower | 22. JAHEREBY CERTIFY. Thet I ettended deceased from |
| 6. DATE OF BfRTH (month, day, end yeer) 7. AGE Years Months Days If LESS the | I fast saw h 1 11 alive on for 2 4 7, 1937; death is said |
| 1 day, | |
| 66 6 25 ormin | were as follows: Date of onset |
| kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased lest worked at this occupation (month and | er bulstones ? |
| 9. Industry or business in which | |
| work was done, as SILK MILL, SAW MILL, BANK, etc | Probably primary corcinoma of stomach |
| | Direction: not known Challe. |
| year) occupation | Dther Contributory Causes of importence: |
| f2. BfRTHPLACE (city or town) COVINGTON (State or country) Virginia | |
| 13. NAME Rev. James M. Rice | |
| 13. NAME Rev. James M. Rice 14. BIRTHPLACE (city or town) | Name of operation Date of |
| (State of country) | What test confirmed diegnosis? Was there en autopsy? 2 |
| 15. MAIDEN NAME Mary Jane Damron 16. BIRTHPLACE (city or town) | 23. If death was due to externel causes (VIOL ENCE) fill in elso the following: |
| 6. BIRTHPLACE (city or town) | Accident, suicide, or homicide? |
| (State or country) Virginia | Where did injury occur? (Specify city or town, county and State) |
| f7. INFORMANT Mrs. Thelma Rice (Address) Westminster. Md. | Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| f8. BURIAL, CREMATION, OR REMOVAL Place Westminster Date Jan. 26, 19 | Manner of injury |
| | Notate of injury |
| 19. UNDERTAKER J. Francis Reese (Address) Wastminster, Md. | 24. Was disease or injury in any way related to occupation of deceased? |
| //1/ 5) //// | (Signed) W. C. Januarta M. D. |
| 20. FILED Registre | |
| Atgun | |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balsimore, Requesting U. S. No. 1.

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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| | Example I | | Example II | |
|--|---|-------------|--|------------|
| The principal cause of importance were | ipal cause of death and related causes Date of onset of importance were as follows: Date of onset of importance were as follows: | | Date of onset | |
| Arteriosclerosis | RECEIVED | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial ne | phritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | FER 5 1937 | July 5,1927 | Peritonitis | 3 days ago |
| | BURDAU V. S. | | | |
| Other contributory | causes of importance: | | Other contributory causes of importance: | |
| Gallstones | | May 1,1923 | Gastroenteritis | 1 year |
| | | | | |
| | | | • | |

| STATE OF | MARYLAND- | CERTIFICATE OF DEATH | 329 |
|--|--|--|--------------------|
| 1. PLACE OF DEATH | 0 | (n) | _ |
| County Carroll | 0.0 | Registration Dist, No. | 4 |
| Village or City / Mhss | ulle | No. Springfield State Hop St., | Ward |
| Length of rasidence in city of town whara death | | death occurred in a hospital or institution, give its NAME instead of street and recommendations. 2.2.4s. How long in U.S. if of foreign birth?man | |
| 2. FULL NAME LAND | ence Rice | If U. S. Veteran, specify WAR | 1 |
| (a) Residence: No. | (Usual place of abode) | St. Ward. If nonresident give city or town and | State |
| PERSONAL AND STATISTICA | L PARTICULARS | MEDICAL CERTIFICATE OF DEATH | |
| | SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the world) | 21. DATE OF DEATH JON | , 193 37 (Year) |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of | | 22. I HEREBY CERTIFY, Thet I attended | deceased from |
| 6. DATE OF BIRTH (month, day, and year | +181870 | Hast saw harmalive on Jan 16, 193 | ; death is said |
| 7. AGE Years Months | Days If LESS than 1 dey,hrs. | to have occurred on the data state above, at 6 - 45 - m. The PRINCIPAL CAUSE OF DEATH end related causes of importance | |
| 8. Irada, profassion, or particular | 27 ormin, | ware as follows: | Date of onset |
| 8. Trada, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc | kulunn | Isolan . | Vlal |
| 9. Industry or business in which work was done, as SILK MILL, | | Pulmmu | 10/37 |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date daceased last worked at this occupation (month and year) | 11. Total tima (years) spent in this occupation | | |
| 1/ | | Other Contributory Causes of importance: | |
| 12. BIRTHPLACE (city or town) (State or country) | guna | 111 Pumillion | SMI |
| 13. NAME luth | m | negr ganganasis. | Just |
| H 13. NAME WILL 14. BIRTHPLACE (city or town) (State or country) | | Neme of operation Date of Whet test confirmed diagnosis husself Est Warner and | |
| | men | 23. If deeth was due to external cases (VIOLENCE) fill in also the following | 1 |
| 15. MAIDEN NAME 16. BIRTHPLACE (city or town) | | Accident, suicide, or homicide? Date of injury | |
| ∑ (State or country) | 1 1/1 | Whare did injury occur? | |
| 17. INFORMANT / Miles | Rund | (Specify city or town, county and Stat Spacify whethar injury occurred in INDUSTRY, in HOME, or in PUBLIC PL | ACE. |
| 18. BURIAL CREMATION OR REMOVAL | Dete Jase, 19, 1931 | Manner of injury | |
| 19. UNDERTAKER Were Alar (Address) | ele me. | 24. Was disease or injury in any way related to occupation of daceasad? If so, specify | |
| 20. FILED fase, 16, 1987 QX12 | my Heer | (Signed) M. M. Myarley | y 0. |
| | Registrar. | (Address) | LA |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore Suchne VS, No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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| Example I | | Example II | 1 |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephrites | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| MICHAU V. S. | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| 4 | | | • |

| ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSIC | ADDITIONAL |
|---|------------|
|---|------------|

BINDING

RESERVED

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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| Example I | il i | Example II | |
|---|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: 5 1937 | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

V. S. No. 1

ż

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND-CERTIFICATE OF DEATH

| 1. PLACE OF DEATH | 93-0 |
|--|--|
| County baroll | Registration Dist. No. |
| Village or City Near Millers | ND. St., Ward |
| | (If death occurred in a hospital or institution, give its NAME instead of street and number) |
| Langth of rasidanca In city or town whara daath occurred A yrs. | ds. How long in U.S. if of foreign birth?yrsmosds. |
| 2. FULL NAME Pale Umanda X | Julke. |
| (a) Residence: No. | St., Ward. |
| (Usual place of abode) | If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED. | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIYORCED (write the word) | 21. DATE OF DEATH Que 9 |
| Timale While Single | (Month) (Day) (Year) |
| 5a. If married, widowad, or divorcad HUSBAND of | 22. HEREBY CERTIFY, That I attended deceased from |
| (or) WIFE of | Jan 3 1937 10 Jan 8 1937 |
| 6. DATE OF BIRTH (month, day, and year) aug. 25/870 | Hastow her aliva on 1937 : death is said |
| 7. AGE Years Months Days If LESS than | to have occurred on the date stated above, at 11.416 m. |
| 66 6 /3 1day,hr | |
| ormin. | were as follows: Date of onest |
| 8. Trada, profassion, or particular kind of work done, as SPINNER, SAWYER RDDKKEFEPER atc. | Christe 11-31 contacts 1 |
| 9. Industry or business in which | ·- |
| work was done, as SILK MILL, SAW MILL, BANK, atc | |
| 10. Date decaasad last worked at 11. Total time (yaars) | *************************************** |
| 11. Total time (yaars) this occupation (months and year) year) | |
| 12. BIRTHPLACE (city or town) | Other Contributory Causes of importance: |
| (State or country) Penns ul Name 0 | Augustation Programmary 117/2 |
| 13. NAME Freding & OShills | Tronghead to the |
| E CONTRACT | Deviation & two days and |
| 4 14. BIRTHPLACE (city or town) (State or country) | Name of operation Date of |
| | What tast confirmad diagnosis? Was there an au'opsy? |
| 15. MAIDEN NAME Softis Indiana | 23. If death was due to external causes (VIOLENCE) fill in also the following: |
| | Accidant, suicide, or homicide? |
| (State or country) Segman | Where did injury occur? (Specify city or town, county and State) |
| 17. INFORMANT Uguslus TShilke | Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. |
| (Addrass) muleuo ma | |
| 18. BURIAL, CREMATION, OR REMOVAL | Manner of injury |
| Placa Market and Market Date 11 , 193 | Nature of injury |
| 19. UNDERTAKER LOCOL While Sano | 24. Was disease or injury in any way related to occupation of dacaasad? |
| (Addrass) manchister, and | If so, specify |
| 20, FILED Jane, 10, 1937 milded & Hughe | (Signad) William & Denney M. D |
| dearly restran. | (Address) Manelester Md |
| If more blanks are weeded address Binte Registra | 7, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1. |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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11.—The number of years the deceased followed the occupation.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | [| Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage 1 1937 | July 5, 1927 | Peritonitis | 3 days ago |
| i centivis. | 1 | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | اـــــا | | |

V. S. No. 1

| STATE OF MARYLAND— | CERTIFICATE OF DEATH |
|--|---|
| 1. PLACE OF DEATH | (2) da |
| County Carroll | Registration Dist. No. |
| Village or City Met. Garage | No. St., Ward |
| (If | death occurred in a hospital or institution, give its NAME instead of street and number) |
| Length of residence In city or town where death occurred 4 4 yrsmos | ds. How long in U.S. If of foreign birth?yrsmosds. |
| 2. FULL NAME Mary Jurginia Shipell | If U. S. Veteran, specify WAR |
| (a) Residence: No. Mt Quit (Usual place of abode) | St., Ward. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, | 21. DATE OF DEATH |
| Temple White OR DIVORCED (write the word) | January 29, 1937 (Month) (Day) (Year) |
| 5a. If married, widowed, or divorced | (Month) (Day) (Year) |
| HUSBAND- of Cor) WIFE of Road II. If the interest | 22. I HEREBY CERTIFY That I attended daceased from |
| Maniey & Angering | Alle ,1936, to Jan 29, 1987 |
| 6. DATE OF BIRTH (month, day, and year) Lipst. 24, 1841 | I last saw h. L. alive on |
| 7. AGE Years Months Days If LESS than 1 day,hrs. | to heve occurred on the data state shove, at Line PRINCIPAL CAUSE OF DEATH and related causes of importance |
| 97 Ormin. | wera as follows: Date of onset |
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEPER, etc. | Gartio - Vaccular - Renal |
| | varais variation (1874) |
| 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. | (serile) |
| | |
| year) occupation | Other Coutributory Causes of importance: |
| 12. BIRTHPLACE (city or town) Styletts to 12. | |
| (Stata or country) | - |
| 13. NAME Samuel Front 14. BIRTHPLACE (city or town) Hospital (State or country) | |
| 14. BIRTHPLACE (city or town) | Name of operation. 722 |
| (State of Country) | What test confirmed diagnosis? Was there an autopsy? |
| 16. BIRTHPLACE (city or town) selections | 23. If death wes duo to external causes (VIDLENCE) fill in also the following: |
| O 16. BIRTHPLACE (city or town) Sulling to Co. | Accident, suicide, or homicide? |
| (State or country) | Where did injury occur? (Specify city or town, county and State) |
| 17. INFORMANT Carried The Chipy (Address) | Specify whether injury occurred in INDUSTRY, In HDME, or in PUBLIC PLACE. |
| (Address) 18. BURIAL, CREMATION, OR REMOVAL | Menner of injury |
| Place Faris From Cunty Data Feb 1 , 1937 | - Nature of injury |
| non what | 24. Was disease or injury In any way related to occupation of deceased? |
| 19. UNDERTAKER (Address) Wain held M. | If so, specify |
| 1 120 of the A lander | (Signed) Planty Trabel a M.D. |
| 20. FILE 6 PUN 30 , 193 PUN 30 Registrar. | (Add(ess) morary hy |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| Other contributory causes of importance: | === | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroentcritis | 1 year |
| | | | |

PHYSICIANS should state UNFADING INK-THIS IS A PERMANENT RECORD. Every item of inforof Occupa. Exact statement stated EXACTLY. properly classified. FOR BINDING RGIN RESERVED AGE should be CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied.

STATE OF MARYLAND—CERTIFICATE OF DEATH

| 1. PLACE OF | | | (108) |
|--|---|--|--|
| County Ca. | | | Registration Dist. No |
| Village or Ci | ty Taneytow | n | No. St., Wa If death occurred in a hospital or institution, give its NAME instead of street and number) |
| Length of resid | ence in city or town whera | | sds. How long in U. S. if of foralgn birth?yrsmos,(|
| 2. FULL NAM | Miss Mary | M. Smith | |
| | e: No. | ************************************** | St. Ward. |
| (4) 1100140116 | 0.1101 | (Usual place of abode) | If nonresident give city or town and State |
| PERSON | | ICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word) SINGLE | 21. DATE OF DEATH (Month) (Day) (Year) |
| 5a. If married, widowe HUSBAND of | d, or divorced | | 22. /) 1 HE-BEBY CERTIFY, That I attended deceased fr |
| (or) WiFE of | | | from & 1 1017 to Jan 12 13 |
| 6. DATE OF BIRTH (| nonth, day, and yaar Aug | 30 1854 | Vast saw h. On alive on Joseph 12 1937; death is s |
| 7. AGE Year | | Days If LESS than | to have occurred on the data stated above, at 2. 45 And 1 |
| 8 | 2 4 | 12 1 day,hrs. | THE PARTICIPAL CAUSE OF DEATH and related Causas of importance |
| 8. Trade, profes | sion, or particular | | Date of one |
| kind of w SAWYER, | BOOKKEEPER, etc. | lousework | To have (ucesser 40 |
| 9. Industry or b | usiness in which done, as SILK MILL, | | |
| | ., BANK, atc | 11 Tablains () | |
| 10. Data deceased last worked at this occupation (month and yaar) spent in this occupation | | spent in this | |
| yaar) | | | Other Contributory Causes of importance: |
| 12. BIRTHPLACE (city | | • | Certio & Gellous (8 apreso (8 |
| (Stata or country) State or country) State or country) | | +h | - Ohn Junteleces Ufficietà 10h |
| T- | TITIEM SHIT | | more |
| 14. BIRTHPLACE | | Md. | Nama of operation Date of Date |
| 15. MAIDEN NAM | | | What test confirmed diagnosis Was there an autopsy? |
| I I | | | 23. If death was due to external causes (VIOLENCE) fill In also the following: |
| 16. BIRTHPLACE | (city or town) | Md | Accident, suicide, or homicide? |
| (State of County) | | h | Where did injury occur? (Specify city or town, county and State) |
| 17. INFORMANTV. (Addrass) | .Harry Smit | ey town.Md. | Spacify whathar injury occurred in iNDUSTRY, in HOME, or in PUBLIC PLACE. |
| 18, BURIAL, CREMATI | ON_OR REMOVAL | | Manner of Injury |
| Lutheran | Teneytown | Data Jan 14, 1937 | Nature of injury |
| 0 | O FILSS & | SON | 24. Was disaasa or injury in any way related to occupation of deceasad? |
| 19. UNDERTAKER (Addrass) | O.FUSS & S Tan ey to | wn .Md. | 24. was disaasa or injury in any way related to occupation or deceasad. |
| 0 | 11/ 24/1 | Imm I | (Signed) |
| 20. FILED Jan | 19.2/ JM | y flangener. Registrar. | (Addrass) Lane Lines |

N. B.-WRITE PLAINLY,

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting T. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage TEB 3 1931 | July 5,1927 | Peritonitis | 3 days ago |
| | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

FOR BINDING RGIN RESERVED

V. S. No. 1

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

| STATE OF | MARYLAND—CERTIFICATE | OF | DEATH |
|----------|----------------------|----|-------|
| | | | |

| 1. PLACE OF DEATH | 950 |
|---|---|
| County Carrollo | Registration Dist. No. 74 |
| 1-/ | NoSt.,Ward If death occurred in a hospital or institution, give its NAME instead of street and number) isds. How long in U.S. if of foreign birth?yrsmosds. |
| H 4 2+ 1+ | |
| 2. FULL NAME Years V. Slaubilg | If U. S. Veteran, specify WAR |
| (a) Residence: No. (Usual place of abode) | St., Ward. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| S. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) | 21. DATE OF DEATH January 15 (Month) (Day) (Year) |
| ia. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary & Stanbotz | 22. I HEREBY CERTIFY, That I attended decaased from 11-18-1936, to 1-19-1937 |
| S. DATE OF BIRTH (month, day, and year) 4.38 1871 | i lest saw h aliva on 1-14 , 1927; death is said |
| 7. AGE Years Months Days if LESS than | to have occurred on the date stated above, at 2 |
| GU G Iday, hrs | Tha PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows: |
| 8 Trada profession or particular | Stokes- Adams, Syndrome 1-15-37 |
| 8. Trada, profassion, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. | airicular fibrillation 11 - 36 |
| kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc | Hypertensish |
| 10. Date daceased last worked at this occupation (month and spent in this | |
| year)occupation | Other Contributary Causes of Importance; |
| 12. BIRTHPLACE (city or town) | |
| (State or country) | |
| 13. NAME Andrew Stanberty | |
| 13. NAME 14. BIRTHPLACE (city or town) | Name of operation Data of |
| (State of country) | What test confirmed diagnosis? Was there an autopsy? |
| 15. MAIDEN NAME THAT GENERAL STREET | 23. If daath was due to extarnal causes (VIOL ENCE) fill in also tha following: |
| | Accidant, suicida, or homicide? Data of injury, 19 |
| E (State or country) | Where did injury occur? (Specify city or town, county and State) |
| 17. INFORMANT Mrs. 7. J. Starbite (Address) Newy Low West. | Spacify whathar injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. |
| 18. BURIAL CREMATION, OR REMOVAL Lace Ladour Line, Date Jan. 18, 193 | Manner of injury |
| 19. UNDERTAKER Meer Alon Dur. | 24. Was disease or injury in any way related to occupation of daceased? |
| (Addrass) september ma. | If so, spacify |
| 20, FILED Jan 15, 1937 Cotany Neel | (Signed) A STAR STATE M. I |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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| | Example I | 1 | Example II | |
|--|-----------------------|--|--|---------------|
| The principal cause of importance were | | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | HLUEIVLD | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial ne | | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | FEB 4 1937 | July 5,1927 | Peritonitis | 3 days ago |
| | AUREAU V. S. | Company of the Compan | | |
| Other contributory | causes of importance: | | Other contributory causes of importance: | |
| Gallstones | | May 1,1923 | Gastroenteritis | 1 year |
| | | | | |
| | | | | 1 |

V. S. No. 1

|) | ENT RECORD. Every item of infor- | TLY. PHYSICIANS should state | ed. Exact statement of OCCUPA- | |
|---|---|--|--|--|
| i | -WRITE PLAINLY, WITH UNFADING INK -THIS IS A PERMANENT RECORD. Every item of infor- | nation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state | CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA- | IION is very important. See instructions on back of certificate. |
| | -WRITE PLAIN | nation should be | CAUSE OF DE | IION is very im |

| 1. PLACE OF DEATH | -CERTIFICATE OF DEATH 33. |
|--|--|
| county Carroll, | Registration Dist. No7J |
| Village or City Manchester | No. St., Ward |
| Length of residence in city or town where death occurred / 6 yrsm | |
| 2. FULL NAME RUSSell 6 lo Stof | Lle |
| (a) Residence: No. (Usual place of abode) | St., Ward. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE OR DtVORCED ("write the word) | 21. DATE OF DEATH Jan 2/ 193.7 |
| 5a. If married, widowed, or divorced (Received) | (Month) (Day) (Year) |
| HUSBAND OF annie B Staffle | 22. I HEREBY CERTIFY, That I attended deceased from |
| 6. DATE OF BIRTH (month, day, and year) Alex 4 1884 | I last saw h alive on J death is sai |
| 7. AGE Years Months Days If LESS than | to have occurred on tha date stated abova, atm. |
| 5 ¹ 2 / 17 1 ^{1 day,hrs} | The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: |
| 8. Trade, profession, or particular kind of work done, as SPINNER, Scalerman | 2 Call |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL. SAW MILL, BANK, etc. 10. Data deceased last worked at this occuration (work) and | by Carbon monoxide |
| SAW MILL, BANK, etc. 2011 11. Total time (years) | 1 gas |
| this occupation (month and year) spent in this occupation cocupation | |
| 12. BIRTHPLACE (city or town) | Other Contributory Causes of importance: |
| (State or country) Manyland | |
| 13. NAME CAPTLES 14. BIRTHPLACE (city or town) | |
| 14. BIRTHPLACE (city or town) | Name of operation Date of |
| (State of Country) | What test confirmed diagnosis? Was there an autopsy? Was there and autopsy? |
| 15. MAIDEN NAME Missoure d. Lease 16. BIRTHPLACE (city or town) | 23. If death was dua to external causes (VIOLENCE) fill In also the following: |
| 16. BIRTHPLACE (city or town) (State or country) | Accident, suicide, or homicide? Date of injury, 19 Where did injury occur? |
| 17. INFORMANT MAS: Frank, Stevenaus (Address) Mangales Lev and | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| 18. BURIAL CREMATION, OR REMOVAL PLANCEMENTAL MAD Data 1 ~ 23 1931 | Manner of injury |
| 19. UNDERTAKER Jacob Winks Sour | 24. Was diseasa or injury in any way related to occupation of deceased? |
| 20. FILEDJAN 23 1937 Mrs. Jr. R. S. Denner | (Signed) URSDenner M. |
| Registrar. | (Address) Massellety Md |

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|--|---|---------------|--|---------------|--|
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| Chronic interstitial nephritis | | 1921 | Run over by street car | 1 weck ago | |
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| | BUREAU V. S. | | | | |
| Other contributory | auses of importance: | | Other contributory causes of importance: | | |
| Gallstones | | May 1,1923 | Gastroenteritis | 1 year | |
| | | | | | |
| | | | | | |

AGE should be stated EXACTLY.

properly classified.

See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

TION is very important.

mation should be carefully supplied.

V. S. No. 1

PHYSICIANS should state

Exact statement of OCCUPA.

RGIN RESERVED FOR BINDING

STATE OF MARYLAND-CERTIFICATE OF DEATH

| 1 | 1. PLACE O | F DEA | TH | Mar | | | losis Sans | atorium | | |
|------------|-----------------------------------|-------------|---|-----------------|---|---------------|--|---------------------------------------|----------------------|---|
| | County_C | arro | 011 | | ₩O.T.(| ored | Branch 23 | Registration Di | st. No. 74 | |
| | Village or C | ity He | enryton, | Maryla | nd | No | (above) | | | Ward |
| | Length of resi | dence in d | city or town where | death occurredC | (I Vrs. 2 mos | f death occur | rred in a hospital or instit s. How long in U.S. if | ution, give its NAME i | nstead of street and | number) |
| | | | James El | | | | If U. S. Veteran | | | |
| | | | | | een Anne | | | , | | |
| | | | | | | 1 | | | ve city or town and | d State |
| - | SEX | | OR OR RACE | | RIED, WIDOWED, | 21 DA | TE OF DEATH | CERTIFICATE | SF DEATH | |
| | Male | | lored | OR DIVORCE | D (write the word) | 21. DA | TE OF DEATH | January (Month) | 26 (Dev) | ., 193 7 (Year) |
| 5a. | . If merried, widow HUSBAND of | ed, or div | orced | | | | | · · · · · · · · · · · · · · · · · · · | | (,,,,, |
| | (or) WIFE of | | | _ | | Nove | mber 13 | Y CERTIFY | nuary 2 | 6 10 37 |
| 6. | DATE OF BIRTH | month. de | ev. end vear) A | pril 18 | . 1916 | | w himelive on I | | | |
| _ | AGE Yea | | Months | Deys | If LESS then | | occurred on the date stet | | | , |
| | 2 | 0 | 9 | 8 | 1 dey,hrs. | The PRI | NCIPAL CAUSE OF DEA | TH end releted causes | of importence | |
| Z | 8. Trede, profes | ssion, or p | perticular , as SPINNER, M EPER, etc. | | | | | ry Tuberc | ulosis | Date of onset |
| E | SAWYER, | BOOKKE | EPER, etc. | ernanıc | *************************************** | - | | •••••• | | |
| UPA | work wes | done, es | n which SILK MILL, U | nknown | | | ~ | | | Aug. |
| OCCUPATION | | | | | time (years) | | | | p | 1936 |
| | year) | (IIII | orked at onth end Unkn | own occ | upetion Unkno | Other C | eatributory Causes of Imp | ortanos: | | |
| 12. | . BIRTHPLACE (ci | ly or town | 1 | eville | | - Content Co | | | , | |
| - | (State or cour | ntry) | Maryl | | | - | | | | |
| HEF | 13. NAME | | | am Teat | | | | | | |
| FATHER | | | Ruthb | | | ~ <u>H</u> | operation | | Date of | |
| _ | | country) | Maryl | | | | t confirmed diegnosis | | | |
| MOTHER | 15. MAIDEN NA | | | he Teat | | | th was due to externel ce | | | |
| MOM | 16. BIRTHPLACE | (city or t | own Centr Maryl | eville | | | , suicide, or homicide? | | te of Injury | , 19 |
| | | | n Hoffm | | | | id injury occur? whether injury occurred | (Specify city or to | wn, county and Sta | ite) |
| 17. | (Address) H | enrv | ton. Ma | rvland | | - Specify (| who cher mjury occurred | | e, or ill robert ri | LAUE. |
| 18 | BURIAL, CREMAT | ION, OR | REMOVAL | | | Menner | of injury | De de de | | |
| _ | Place 901 | of C | Constant | 1 - Date fa | 1.29,1937 | - Nature o | of injury | | | |
| 19 | . UNDERTAKER | Eda | lings | Fren | ture | 24. Wes d | liseese or injury In eny | way related to occupeti | on of deceesed? | No |
| - | (Address) | +71 | nelfite | eking | Co. | If so, so | 11. 1 | TAR. | | |
| 20. | . FILED 1/2 | 6/37 | 19 Osto | my of | evolet | (Sfg | gned) - flubes | - Aggua | Monrelow | |
| | | | Do | val Den | Registrar. | 11 | (Address) | enryton, | mary Tan | JL |

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| Cerebral hemorrhage 1937 | July 5,1927 | Peritonitis | 3 days ago |
| BUSPALI V. S | | | THE ST |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

ARGIN RESERVED FOR BINDING

V. S. No. 1

stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA-N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of inforproperly classified. certificate. CAUSE OF DEATH in plain terms, so that it may be AGE should be See instructions on back of mation should be carefully supplied. TION is very important.

| STATE OF MARYLAND— | CERTIFICATE OF DEATH |
|--|---|
| 1. PLACE OF DEATH | 9350 |
| County Carrall | Registration Dist. No. |
| Village or City Westmington R.O. | No. St., Ward |
| A // [] | death occurred in a horpital or institution, give its NAME instead of street and number) ds. Hopping in U.S. if of foreign birth?mosds. |
| 2. FULL NAME / Cary parisa su | ussell |
| (a) Residence: No. Wostlyminster POY | St., Ward. |
| (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS | If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOW OR RACE 5. SINGLE, MARRIED, WIDOWED, | 21. DATE OF DEATH |
| Female White OR DIVORCED (wrigethe word) | (Month) (Day) (Yar) |
| 5a. If married, widowed, or diversal HUSBAND of (or) WIFE of home Jarylla Drusse | 1 HEREBY CERTIFY. That I attended deceased from |
| CALL OF MINTH () 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | I last saw 22 alive on 22 1937; death is sald |
| 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than | to have occurred on the date stated above at 930 m. |
| 75 9 12 1day,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of Importance |
| 8. Trade, profession, or particular kind of work done, as SPINNER, Aausework. SAWYER, BOOKKEEPER, etc. | were as follows: Bronche-Precumpuia Date of onset 1-10-37 |
| 9. Industry or business in which work was done, as SILK MILL. | |
| SAW MILL, BANK, etc | |
| 12. BIRTHPLACE (city or town) Marshall County: (State or country) | Other Coutributory Causes of importance: Chronic myocardual disease due 30 |
| 13. NAME Trancis M. Henderson 14. BIRTHPLACE (city or town) | hyputulión 1.32 |
| 14. BIRTHPLACE (city or town) (State or country) | Name of operation Date of Was there an au opsy? |
| 15. MAIDEN NAME Mary Jane Janeson | 23. If death was due to external causes (VIOLENCE) fill in also the following: |
| 16. BIRTHPLACE (city or town) (State or country) | Accident, suicide, or homicide? |
| 17. INFORMANT Mr. John J. Drussell (Address) Hatminister md | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| 18. BURIAL, CHEMATION, OF REMOVAL 4. Date au 23, 1937 | Manner of injury |
| 19. UNDERTAKER Mys. J. Lietzer o Sou. (Address) north Pa are | 24. Was disease or Injury in any way related to occupation of deceased? |
| 20. FILED Jan 22 rd, 1937 Caling Berse X. Registrar. | (Signed) |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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| Example I | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage FEB 3 | July 5, 1927 | Peritonitis | 3 days ago |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

OCCUPA-

| STATE OF MARYLAND— | CERTIFICATE OF DEATH | 338 |
|---|--|-----------------|
| 1. PLACE OF DEATH | 94-2 | |
| county Carroll | Registration Dist. No. | 74 |
| Village or City Flolewille | NoSt., | Ward |
| | death occurred in a hospital or institution, give its NAME instead of street and | |
| 4.00. 1.4 | | |
| HI. 0 : 10- | | |
| (a) Residence: No. (Usual place of abode) | St., Ward. If nonresident give city or town as | nd State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH | |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) | 21. DATE OF DEATH (Month) (Day) | , 193 |
| 5a. If married, widowed, or divorced HUSBAND of | | 1 |
| (or) WIFE of Murine M. Name | 22. IHEREBY CERTIFY, That I attende | d deceased from |
| 6. DATE OF BIRTH (month, day, and year) Nov 28 1866 | I last saw h. alive on 3 | : death is said |
| 7. AGE Years Months Days If LESS than | to have occurred on the date stated above, al. 7 m. | / |
| 76 / 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: | 1 |
| 9 Trade profession or particular | nere asturions. | Date of onset |
| kind of work done, as SPINNER, Kasaman SAWYER, BOOKKEEPER, etc. | Pragina Poctors | 12.3/3 |
| Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last work of at this occupation (month and company). | anguar carre | |
| SAW MILL, BANK, etc | 4 | |
| this occupation (month and 28-34 spent in this year) | | |
| 12. BIRTHPLACE (city or town) | Other Contributory Canses of importance: | / |
| (State or country) | Lachentellam | 133 |
| 13. NAME Newy House | | |
| 13. NAME Very Warrer 14. BIRTHPLACE (city or town) | Name of operetion Date of. | |
| (State of country) | What test confirmed diagnosis? Was there ar | n autopsy? VY |
| 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) | 23. If deeth was due to external causes (VIOLENCE) fill in also the following | ing: |
| 6 16. BIRTHPLACE (city or town) | Accident, suicide, or homicide? Date of Injury | , 19 |
| S (State or country) | Where did injury occur?(Specify city or town, county and S | tate) |
| 17. INFORMANT Mrs. Lab, Justice (Address) Systemble med. | Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC F | |
| 18. BURIAL CREMATION, OR REMOVAL | Manner of injury | |
| Plate Lucius Med Date Jaw. 6, 19. 3/ | Nature of injury | |
| 19. UNDERTAKER Meer row down deer | 24. Was disease or injury in any way related to occupation of deceased? | 2/0 |
| (Address) syntexulle jud. | If so, specify | |
| January Son Call and Michael | (Signed) | - M O |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

(Address)

Registrar.

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| Example I | | Example II | |
|--|---|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
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| Chronic interstitial reporting | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| FEB 4 1937 | | | |
| Other contributory causes of importance: | 9 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | 701 |
| | | | |
| | | | |

V. S. No. 1

| 01 | STATE O | F MAR | RYLAND— | CERTIFICATE OF DEATH | 533 |
|---|-------------------------------------|------------|---|---|---------------------------------------|
| 1. PLACE OF | | | | 9330 | 41 |
| County Ca | roll | | | Registration Dist. No | 74 |
| Village or City | Springfie. | ld Stat | e Hospita | NoSt., | Ward |
| Length of reciden | Sykesville | Mary | Land. (II | death occurred in a horpital or institution, give its NAME instead of street and ds. How long In U.S. if of foreign birth?yrs | d number) |
| | | | J13, | | 11105 |
| | Charles W | | | | |
| (a) Residence: | No.1219 Nor | th Patt | erson Par | CK SLVENU Ward. If nonresident give city or town as | nd State |
| PERSONAL | AND STATISTIC | | | MEDICAL CERTIFICATE OF DEATH | Id Diste |
| | COLOR OR RACE | | RRIED, WIDOWED, | 21. DATE OF DEATH | |
| Male | White | OR DIVORCE | ED (write tha word) | January 26 | , 193 Z |
| 5a. If married, widowed, HUSBAND of | or divorcad | | | 0 | (1001) |
| (or) WIFE of | ? | - | | 22. I HEREBY CERTIFY, That I attende | |
| | | | | March 2 3 , 1898, 10 Jenuary of | |
| 6. DATE OF BIRTH (mor | nth, day, and year) Months | known | If LESS than | to have occurred on the data stated above, at 9 45 AM | .; death is said |
| | Months | 1020 | 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of importance | |
| 79? | n or portion for | ? | ormin. | were as follows: | Date of onset |
| kind of work | dona, as SPINNER, OKKEEPER, etc. | 1 | | Chrome Myocarditis | |
| 9. Industry or busi | ness in which | 7 | | Como of good and | |
| SAW MILL, E | ne, as SILK MILL, BANK, etc | | | | *** |
| 10. Oata deceased I this occupati year) | on (month and | Sp | time (yaars) ent in this cupation | | |
| to Dinting (CF (-1) | Baltin | une | ? | Other Contributory Causes of importance: | |
| 12. BIRTHPLACE (city or (State or country | | | | - www.ovac.coveo | |
| 13. NAME | ? | | | | |
| 14. BIRTHPLACE (ci | ne | man | 11 | Name of operation Monce Data of | |
| (Stata or con | | * | 1 | What test confirmed diagnosis? Clinical Was there as | -3 A |
| 15. MAIDEN NAME | ? | | | 23. If death was dua to external causes (VIOLENCE) fill in also the follow | |
| 16. BIRTHPLACE (ci | ty or town) Her | man | w | Accident, suicide, or homicide? Date of Injury | • |
| State or col | | * | 1 | Whera did Injury occur? | |
| 17. INFORMANT | min M. K | Brod | 1 | (Specify city or town, county and S Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC I | tate) PLACE |
| (Address) | ningheld | State | Jospelat | | |
| 18. BURIAL, CREMATION | OR REMOVAL | 1 | 09 37 | Manner of injury | |
| Place _/ TL. | 7 saves | Oate on | 190/ | Nature of Injury | |
| 19. UNDERTAKER | ohn G. | Will | lec. | 24. Was disease or injury in any way related to occupation of deceased?_ | · · · · · · · · · · · · · · · · · · · |
| (Address) | 486 € 0 | live. | ST. | If so, specify | |
| 20 FUED John | 26,034 0 | Hace | ysteer | (Signed) // // // // // | M. D |

Registrar. (Address) Springfield State It office for more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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| | Example I | Įį. | Example II | | |
|--|---|---------------|--|---------------|--|
| The principal cause of importance were Arterioselerosis | e of death and related causes as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: Attack of epilepsy | Date of onset | |
| Chronic interstitial ne | | 1921 | Run over by street car | 1 week ago | |
| Cerebral hemorrhage | TEB 4 1007 | July 5, 1927 | Peritonitis | 3 days ago | |
| | BUREAU V. S. | | | | |
| Other contributory | causes of importance: | | Other contributory causes of importance: | | |
| Gallstones | | May 1,1923 | Gastroenteritis | 1 year | |
| | | | | | |
| | | | | | |

PHYSICIANS should state of OCCUPA-UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. AGE should be mation should be carefully supplied. TION is very important.

FOR BINDING

RGIN RESERVED

STATE OF MARYLAND—CERTIFICATE OF DEATH

| 1. PLACE OF DEATH | - CERTIFICATE OF BEATT |
|--|--|
| County Carroll | Registration Dist. No. |
| | NE() |
| Village or City Jun Manshan | (If death occurred in a hospital or institution, give its NAME instead of street and number) |
| Length of residence In city or town where death occurredyrs | mosds. How long in U.S. if of foreign birth?yrsmosds. |
| 2. FULL NAME Sarah a. Wille | amo If U. S. Veteran, specify WAR |
| (a) Residence: No. New Windson | P.F.D St., Ward. |
| (Usual place of abode) | If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULAR 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WID | |
| OR DtVORCED (write the | owed, 21. DATE OF DEATH January 15th |
| 5a. If married, widowed, or divorced | (Month) (Day) (Year) |
| HUSBAND of (or) WIFE of | 22. I HEREBY CERTIFY, That I ettended, deceesed from |
| Janson S. S. auna | NEC, 2nd, 1935, to Jan 134, 1937 |
| 6. DATE OF BIRTH (month, dey, and year) 9 - 12 - 18 | of I last saw h alive on Jour 10 37; death is said |
| | SS than to have occurred on the date stated above, at 1/2 3 0 Pm. |
| 70 4 3 1 day,- | min. The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows: |
| 8. Trade, profession, or particular kind of work done, as SPINNER, | esthua |
| kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased lest worked at this occupation (month and | |
| work was done, as SILK MILL, SAW MILL, BANK, etc | |
| 10. Date deceased lest worked at 11. Total time (years) | |
| this occupation (month and spent in this year) occupation | |
| 12. BIRTHPLACE (city or town). Adams Coun | Other Contributory Causes of importance: |
| (Stete or country) | Chroma Alre conditio |
| 13. NAME John Stattamith | |
| 13. NAME John Statismith 14. BIRTHPLACE (city or town) unknow | Name of operation Date of |
| (State or country) Servany | What test confirmed diagnosis? Wes there an autopsy? |
| 15. MAIDEN NAME margarit from | 23. If death was due to external causes (VIOLENCE) fill In also the following: |
| 15. MAIDEN NAME margaret Scatt 16. BIRTHPLACE (city or town) Mulanom (State or country) | Accident, suicide, or homicide? Date of Injury 19 |
| X (State or country) Pa. | Where did injury occur? |
| 17. INFORMANT Hanson & & William | (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. |
| (Address) new Wondson R.F.D | 2 |
| 18. BURIAL, CREMATION, OR REMOVAL | Manner of Injury |
| Place Ebegines Culy Date Jun 18 | , 19.3. Z. Neture of injury. |
| 19. UNDERTAKER C. M. Walty | 24. Was disease or injury In any way related to occupation of deceesed? Ro |
| (Address) Winfield | If so, specify |
| 20. FILED 1 - 17 - , 1937 May Furse | (Signed) M. D. |
| · A SOCAL | gistrar. (Address) Mew Comosor Mill |
| If more blank (dre needed, address State | Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1. |

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|--|---------------|--|---------------|
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| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| PEB 3 | V. | | |
| Other contributory causes of importance. | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

20. FILED

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Date of onset

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|-------------|--|--|
| | Attack of epilepsy | , , |
| | | 1 week ago |
| 1921 | Run over by street car | 1 week ago |
| dy 5,1927 | Peritonitis | 3 days ago |
| | | |
| | Other contributory causes of importance: | |
| ay 1,1923 | Gastroenteritis | 1 year |
| _ | | Other contributory causes of importance: |

| ADDITIONAL | SPACE | FOR | FURTHER | STATEMENTS | BY | PHYSICIAN |
|------------|-------|-----|---------|------------|----|-----------|
|------------|-------|-----|---------|------------|----|-----------|

Every item of infor-

| | County | Carroll | <u></u> | | Registration Dist. No. | |
|------------|--|--|-----------------|--------------------------------------|--|-----------------|
| | Village or City | Westmins | ster | | No. 36 Liberty St., | War |
| | Langth of residence Ir | city or town where dea | th occurred 4 | | f death occurred in a horpital or institution, give its NAME instead of street andds. How long in U.S. if of foreign birth?m | |
| 2 | . FULL NAME | Emma C | Zimme | rman | | • |
| | (a) Residence: No. | 36 | Liber | ty | St., Ward. | |
| | PERSONAL A | ND STATISTIC | (Usual place of | | If nonresident give city or town and | State |
| F | Sex 4. co | Nhite | . SINGLE, MARK | RIED, WIDOWED, | 21. DATE OF DEATH January 4 (Mogth) (Day) | , 1937 |
| 5a. | If marriad, widowed, or d HUSBAND of (or) WIFE of | ivorced Theodore | Zimre | rman | 22. I HEREBY CERTIFY, That I attended | deceased fro |
| 6. I | DATE OF BIRTH (month, AGE Years | day, and year) N (| Days | 1854 If LESS than 1 day,hrs. ormin. | to have occurred on the date stand above, at | ; death is sa |
| OCCUPATION | 8. Trada, profession, or kind of work dor SAWYER, BOOKK 9. Industry or busines: | na, as SPINNER, KEEPER, etc s in which | at home | | Lobas Cneumonia | Date of one Lee |
| OCCUF | work was done, SAW MILL, BAN 10. Data deceased last this occupation (spear) | K, etc worked at month and | | me (years) t in this | | |
| 12. | BIRTHPLACE (city or tow (State or country) | Maryla | and | | Other Contributory Causes of importanca: | Pren-lieto |
| ER | I3. NAME | Leonard H | rizzel | 1 | | Rener |
| FATI | 14. BIRTHPLACE (city of (State or country | | and | | Name of operation Date of What test confirmed diagnosis? Was there an | autopsy? |
| MOTHER | 15. MAIOEN NAME 16. BIRTHPLACE (city or (Stata or country) | | | r | 23. If death was due to external causes (VIOLENCE) fill in also the following Accident, suicide, or homicide? Date of injury Where did injury occur? | |
| 17. | INFORMANT(Address) | Andrew P. Westminst | | | (Specify city or town, county and Sta Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL | ACE. |
| 18. | BURIAL, CREMATION, OF Place Westm | | | | Manner of injury | |
| | UNDERTAKER | I. Francis | Reese | | 24. Was disease or injury in any way related to occupation of deceased? | H. |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | | Example II | |
|--|---------------|--|---------------------------|
| The principal cause of death and related causes of importance were as follows: Arteriosclerosis | Date of onset | The principal cause of death and related causes of importance were as follows: Attack of epilepsy | Date of onset 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| RIGEAL V. a. | A | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | • | |